

67 Kent Place Blvd.
Summit, NJ 07901
(908) 273-2015



Sheila Weisman
Terri Osit
Directors

APPLICATION FORM for SUMMER PROGRAM REGISTRATION
SUMMER 2010 – 6 Weeks June 21st – July 29th

PLEASE PRINT CLEARLY

Name of Child _____ Gender: Boy _____ Girl _____

Address _____

Age _____ Date of Birth _____ Home Phone _____

Father's full name _____ Bus. Phone _____

Mother's full name _____ Bus. Phone _____

Cell Phone (indicate Mother and Father's numbers) _____

SJCC Member? _____ E-mail address _____

How did you hear about us? _____

Please Check One:

Class	Day(s)	Time	SJCC Member Tuition / Deposit	Non-Member Tuition / Deposit
____ 2 year-olds (must be 2 by 9/30/10)	T & Th	9:15-11:15	\$505 / \$168	\$570 / \$190
____ 3 year-olds (must be 3 by 9/30/10)	M-Th	9:00-12:30	\$1,200 / \$400	\$1,350 / \$450
____ 4 year-olds (must be 4 by 9/30/10)	M-Th	9:00-12:30	\$1,200 / \$400	\$1,350 / \$450
____ 5 year-olds (must be 5 by 9/30/10)	M-Th	9:00-1:30	\$1,410 / \$470	\$1,610 / \$537

All Classes Subject to Enrollment.
\$25 Sibling Discount will be applied to balance

I am enclosing a **non-refundable deposit for 1/3 of summer tuition** (deposit will be returned if class is cancelled due to insufficient enrollment). Balance of tuition will be due May 15th. I understand class size is limited and enrollment is based on availability.

Parent/Guardian Signature _____ Date _____

Please drop-off or mail form along with check made payable to **SJCC Summer Program** to:
Sheila Weisman & Terri Osit, SJCC, 67 Kent Place Blvd., Summit, NJ 07901

*****PARENTS: PLEASE NOTE*****

3 AND 4 YEAR OLDS ARE EXPECTED TO BE TOILET TRAINED