

## Eides Family J-Space Registration

September 12 – June 15

Monday – Friday | 2:30 – 6:00pm

All children must have updated Emergency and Health History Forms on file

Child's Full Name \_\_\_\_\_

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Jewish Community Day School only: Does your child need to be walked to the Dwares JCC?  yes  no

How will your child arrive?  school bus  dropped off  Other \_\_\_\_\_

If you choose school bus, you will need to contact the Transportation Department to place your child on a bus that stops near the Dwares JCC.

Bus # \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Parent/Guardian Full Name(s) \_\_\_\_\_

Preferred Email Address(es) \_\_\_\_\_

Daytime Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### **Full-Year Program**

Monday – Friday | 2:30 – 6:00pm

1 – 5 days per week

One time registration fee per child

Fee: \$60 | **Members: \$35**

**5 days**

Fee: \$5,324 | **Members: \$3993**

**4 days**

Fee: \$4,483 | **Members: \$3360**

**3 days**

Fee: \$3,529 | **Members: \$2,647**

**2 days**

Fee: \$2,474 | **Members: \$1,856**

**1 day**

Fee: \$1,290 | **Members: \$970**

### **Drop-In Option**

Price: \$40 | **Members: \$32**

### **Add a day (full year kids only)**

Price: \$30

### **No J-Space on the following dates**

There will be J-Cation days for the dates listed in **BOLD**.

September 26-27

October 4-5, **10**

November **11**, 23-25

December 23 – January 2

(J-Cation will be offered **12/27-12/30**)

February **20-21**

April 5-14

(J-Cation will be offered **4/10-4/14**)

May 29

### **J-Cation Camp**

No school? No problem! When school is out, J-Cation Camp is in. Think of it as summer camp during the school year!

**9:00am – 4:00pm**

Price: \$72 per day | **Members: \$57**

Ask if early arrival and extended day options are available. J-Cation is offered on all days schools are closed except what is listed above, and will run with a minimum of 5 children. Don't see a date you need? Call us to plan one.

## Payment information

Number of days \_\_\_\_\_ Which day(s)? M T W Th F

Please note: Days of the week are not interchangeable; no refunds, credits or swapped days are granted for any reason. Schedule changes can be made monthly yet will incur a \$25 fee after the first free change. This does not include adding days. Please contact Jim directly for more information or questions.

Registration Fee	
J-Space Fee (Child must be a Dwares JCC member for the duration of their enrollment in the J-Space After School Program to receive member rates.)	
Sibling discount (10% discount off the lower-priced Full-Year J-Space fee.)*	
I'd like to make a donation to the Alliance Annual Campaign	
<b>Total:</b>	
*Only one discount can be applied	

Check enclosed (Make check payable to Jewish Alliance of Greater Rhode Island and write J-Space on memo line.)

Credit Card Name on card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Card Holder's Day Phone \_\_\_\_\_ Zip Code \_\_\_\_\_

Visa/MC/Disc/Amex \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_ CVC Code \_\_\_\_\_

Electronic Funds Transfer (EFT) Payment Plan for the full-year After School Program\*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed registration form with full payment

- Mail or hand-deliver to: Dwares JCC, 401 Elmgrove Avenue, Providence, RI 02906
- Fax: 401.331.7961
- Email: jrawl@jewishallianceri.org

### \*Electronic Funds Transfer (EFT) Payment Plan for the Full-Year After School Program

I authorize the Jewish Alliance of Greater Rhode Island to debit my account each month according to the payment schedule below. By signing this authorization, I acknowledge that I have read and agree to the conditions set forth in this agreement. I agree to and understand the following payment authorization: After the initial payment (1 month's fee) due at time of registration, my account will be debited \$\_\_\_\_\_ per month for a period of nine (8) consecutive months on the 5th or 20th of the month. If the 5th or 20th fall on a weekend or holiday, the account will be charged the previous business day. All subsequent payments will be processed accordingly. I have attached a voided check with this registration.

1st payment (1 month's fee) due at time of registration: \$\_\_\_\_\_ EFT debit (check one)  5th  20th

October \$\_\_\_\_\_ November \$\_\_\_\_\_ December \$\_\_\_\_\_ January \$\_\_\_\_\_

February \$\_\_\_\_\_ March \$\_\_\_\_\_ April \$\_\_\_\_\_ May \$\_\_\_\_\_