



# TERRIFIC TOTS APPLICATION 2026-2027

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USE A SEPARATE APPLICATION FOR EACH CHILD AND PRINT ALL INFORMATION LEGIBLY:

FOR OFFICE USE ONLY

Date of Enrollment: \_\_\_\_\_

Child's Name \_\_\_\_\_ Start Date \_\_\_\_\_

Girl  Boy  Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

<b>Parent 1</b>	Name:	E-Mail Address:	
	Employer Name/Address:	Work Phone:	Cell Phone:
<b>Parent 2</b>	Name:	E-Mail Address:	
	Employer Name/Address:	Work Phone:	Cell Phone:

Terrific Tots 9 a.m. – 12 p.m.  <i>child must be 15 months by September 1, 2026</i>	<i>Please place an X on the line by the days of the week your child will attend</i>  Mon _____ Tues _____ Wed _____ Thur _____ Fri _____	<b>Tuition Rate</b>  <input type="checkbox"/> \$3,970 Per day (full year)
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**PAYMENT TERMS AND POLICIES**

At no time will any payments made toward tuition (including deposits) be refundable. Further, payments made toward tuition (including deposits) are non-transferable and cannot be applied to membership or to any other JCC program.

**\*\*\* In addition to annual tuition, a non-refundable \$100 per student per day security fee will be charged prior to the first day of school for the 2026/27 school year\*\*\***

**DEPOSIT PAYMENT AUTHORIZATION**

\_\_\_\_\_ I authorize the \$500 deposit using check number \_\_\_\_\_

\_\_\_\_\_ I authorize the \$500 deposit using a credit card

\_\_\_\_\_ Amex    \_\_\_\_\_ Visa    \_\_\_\_\_ Mastercard    Card # \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**TUTION PAYMENT AUTHORIZATION**

\_\_\_\_\_ I authorize **Two** payments on September 1 and December 1, 2026

\_\_\_\_\_ I authorize **Four** payments from September 1 to December 1, 2026

\_\_\_\_\_ Please bill the tuition using a check each month (*Note: this option can only be used for the 2-payment plan*)

\_\_\_\_\_ Please bill the tuition using the credit card:

\_\_\_\_\_ Amex    \_\_\_\_\_ Visa    \_\_\_\_\_ Mastercard    Card # \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**AGREEMENT AND ACCEPTANCE**

I/We have read the Application Processing Guidelines and Payment Terms and Policies, and I/we understand that, by submitting an application and deposit to the Stamford Jewish Community Center for my/our child's admission to the JCC Sara Walker Nursery School, I/we agree to be bound by these guidelines, terms and policies as interpreted by the Jewish Community Center, at its sole discretion.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Second Parent  
or Other Party Responsible for Financial Arrangements

\_\_\_\_\_  
Date