

Register
TODAY!
LOCK IN YOUR SPOT!

THE JCC Preschool's SUMMER FUN!

for children 18 months - 4 years

SPRING RATES!

Effective 2/2/2026

2026 Summer Season: June 22 - August 14

SUMMER FUN!

	8 WKS	7 WKS	6 WKS	5 WKS	4 WKS	3 WKS	2 WKS	1 WK
5 Days: Monday-Friday 9AM-12PM	\$5,075	\$4,750	\$4,210	\$3,660	\$3,060	\$2,400	\$1,745	N/A
3 Days: Pick your days 9AM-12PM	\$3,555	\$3,325	\$2,945	\$2,565	\$2,140	\$1,680	\$1,219	N/A
2 Days: Pick your days 9AM-12PM	\$2,540	\$2,380	\$2,105	\$1,830	\$1,530	\$1,200	\$875	N/A
Early Drop-off	8:30AM: \$15 per day							
Extended day	12-1PM: \$25 per day			12-2PM: \$50 per day				

DEPOSIT: JCC Members: \$300 / Community: \$400

Week 1 - 6/22, Week 2 - 6/29, Week 3 - 7/6, Week 4 - 7/13, Week 5 - 7/20, Week 6 - 7/27, Week 7 - 8/3, Week 8 - 8/10

*Enrollment requires a 2-week minimum.

In addition to tuition, a non-refundable \$100 per child security fee will be charged prior to the first day of Summer Fun 2026.

REFUND POLICY

- 100% refund on any tuition paid, including deposit, through Jan 31 – minus a \$50 processing fee.
- 50% refund of tuition paid through April 30 – minus a \$50 processing fee.
- No Refunds as of May 1st

PAYMENT PLAN OPTIONS

- Paid in Full
- Paid Monthly: Registrations after Dec. (Charged Jan.-Jun.)
- Two Payments (Half upon signing up and Balance on Apr. 1)

FAMILY
Friendly

DISCOUNTS

SIBLING DISCOUNT: 10% off sibling(s) with lesser tuition.

RETURN FORM TO: The JCC Preschool at Greenwich Reform Synagogue • 92 Orchard Street • Cos Cob, CT 06807
Questions? Contact Sarah Collins at 203.489.3084 or scollins@stamfordjcc.org

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YES! I want to take advantage of The JCC Preschool's Summer Fun Spring Rates.

Here is my deposit, for a total of \$_____ Check enclosed AMEX MC VISA

Name as it appears on card _____ Account # _____

Expiration Date _____ Signature _____

Please select which payment plan you would like:

Paid Monthly (Charges from Nov. or time of registration-Jun.)

Two Payments (Half upon signing up and balance on Apr. 1)

Paid in Full

Name of child _____ DOB _____

Please select how many days per week: 2 Days 3 Days 5 Days

Please select which days you'll be attending: Mondays Tuesdays Wednesdays Thursdays Fridays

Please select how many weeks you would like to register for:

Select number of weeks: 2 Weeks 3 Weeks 4 Weeks 5 Weeks 6 Weeks 7 Weeks 8 Weeks

Select weeks: Wk 1 (6/22) Wk 2 (6/29) Wk 3 (7/6) Wk 4 (7/13) Wk 5 (7/20) Wk 6 (7/27) Wk 7 (8/3) Wk 8 (8/10)

Check here if interested in Extended Hours: 8:30AM ___ # of days 12-1PM ___ # of days 12-2PM ___ # of days

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Your name _____ Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

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