JCC Sara Walker NurserySchool
a program of The J

TERRIFIC TOTS APPLICATION

January – June 2027

Danielle Mittleman, The Vogel Center for Early Learning Parenting Center & Programs Director
Dmittleman@stamfordjcc.org 203.487.0976

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_____

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

Please place an X on the line by the days of the week your child will attend	**Member Tuition Rate**	**Community Tuition Rate**
Tues _____ Thur _____ Fri _____ **Please note, there is a 2-day registration minimum.*	☐ **$1,680/ day**	☐ **$2,020/ day**

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 December 1, 2026 and January 1, 2027

_____ I authorize full payment upon registration.

_____ 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 Date
or Other Party Responsible for Financial Arrangements