



TERRIFIC TOTS APPLICATION

September 2026 – 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:

| |
|-----------------------------------|
| <u>FOR OFFICE USE ONLY</u> |
| 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: |

| <i>Please place an X on the line by the days of the week your child will attend</i> | Member Tuition Rate | Community Tuition Rate |
|---|--|--|
| Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ <i>*Please note, there is a 2-day registration minimum.</i> | <input type="checkbox"/> \$3,025 Per day for year | <input type="checkbox"/> \$3,630 Per day for year |

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 May 1 and September 1, 2026

_____ I authorize **Five** payments from May 1 – Sept. 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