



BERTHA ALYCE CENTER
 5601 S. Braeswood | Houston, Texas 77096
 Phone: 713.551.7200 | Fax: 713.551.7272
 erjcchouston.org

ERJCC EARLY CHILDHOOD CENTERS

The Future Starts Here!

SCHOOL YEAR _____

DATE _____

START DATE _____

MEMBERSHIP NO. _____

EXP. DATE _____

BATCH _____

ADMISSION APPLICATION

Child Info

Child's Last Name _____

First Name _____

Residence Address _____

Apt. No. _____ Home Phone _____

City _____

State _____ Zip _____

Date of Birth (M/D/Y) _____ Sex (M/F) _____

Marital Status _____

Parent 1/Parent 2 Last Name _____
(If Different from Child's)

First Name _____

Address _____
(If Different from Child's)

Apt. No. _____ Home Phone _____

City _____

State _____ Zip _____

Parent 1

Name _____

Occupation _____

Business Phone _____ Ext. _____

Cell Phone _____

Email Address _____

Parent 2

Name _____

Occupation _____

Business Phone _____ Ext. _____

Cell Phone _____

Email Address _____

Emergency Contact

Emergency Name No. 1 _____
(Other than Parent)

Phone _____ Ext. _____

Emergency Name No. 2 _____
(Other than Parent)

Phone _____ Ext. _____

Doctor's Name _____

Phone _____ Ext. _____

Payment Selection

Our current software requires parents to indicate payment intent before any registration can be processed. Therefore, please select from the options below.

I AGREE TO PAY SCHOOL YEAR TUITION AS INDICATED BELOW:

PAYMENT IN FULL by AUGUST 1st via cash, check or credit card.

MONTHLY PAYMENTS via Electronic Fund Transfer (EFT).
 Monthly EFTs will be drafted on the 16th of the month, June or August through May. Please attach EFT Authorization form and voided check.

Deposit

Enclose Non-Refundable Registration Fee. Intake interview at Jewish Family Service is required prior to start of school for new students.

Amount Enclosed _____
(For Office Use Only)

Signature of Parent or Guardian Responsible for Payment:

X _____ Date _____

SEE BACK FOR ENROLLMENT OPTIONS ▶

Program Enrollment

TODDLERS

Registration Fee _____

Sibling Reg. Fee _____

PROGRAM	DAYS	TIME	CODE
<input type="checkbox"/> 2-Day	T,Th	8:00 AM - 12:00 PM	3010
<input type="checkbox"/> 2-Day	T,Th	8:00 AM - 2:45 PM	3012
<input type="checkbox"/> 3-Day	M,W,F	8:00 AM - 12:00 PM	3011
<input type="checkbox"/> 3-Day	M,W,F	8:00 AM - 2:45 PM	3017
<input type="checkbox"/> 5-Day	M-F	8:00 AM - 12:00 PM	3014
<input type="checkbox"/> 5-Day	M-F	8:00 AM - 2:45 PM	3016
<input type="checkbox"/> 5-Day	M-F	7:00 AM - 6:00 PM	3018
<input type="checkbox"/> 5-Day	M-F	8:00 AM - 6:00 PM	3019
<input type="checkbox"/> 5-Day*	M-F	7:00 AM - 6:00 PM	3021
<input type="checkbox"/> 5-Day*	M-F	8:00 AM - 6:00 PM	3020

YOUNG TODDLER

Registration Fee _____

Sibling Reg. Fee _____

PROGRAM	DAYS	TIME	CODE
<input type="checkbox"/> 2-Day	T,Th	8:00 AM - 12:00 PM	3111
<input type="checkbox"/> 2-Day	T,Th	8:00 AM - 2:45 PM	3112
<input type="checkbox"/> 3-Day	M,W,F	8:00 AM - 12:00 PM	3121
<input type="checkbox"/> 3-Day	M,W,F	8:00 AM - 2:45 PM	3122
<input type="checkbox"/> 5-Day	M-F	8:00 AM - 12:00 PM	3141
<input type="checkbox"/> 5-Day	M-F	8:00 AM - 2:45 PM	3146

PRESCHOOL

Registration Fee _____

Sibling Reg. Fee _____

PROGRAM	DAYS	TIME	CODE
<input type="checkbox"/> 3-Day	M,W,F	8:00 AM - 12:00 PM	3045
<input type="checkbox"/> 5-Day	M-F	8:00 AM - 12:00 PM	3042
<input type="checkbox"/> 5-Day	M-F	8:00 AM - 2:45 PM	3041
<input type="checkbox"/> 5-Day	M-F	7:00 AM - 6:00 PM	3043
<input type="checkbox"/> 5-Day	M-F	8:00 AM - 6:00 PM	3044
<input type="checkbox"/> 5-Day*	M-F	7:00 AM - 6:00 PM	3048
<input type="checkbox"/> 5-Day*	M-F	8:00 AM - 6:00 PM	3047

PRE-K

Registration Fee _____

Sibling Reg. Fee _____

PROGRAM	DAYS	TIME	CODE
<input type="checkbox"/> 5-Day	M-F	8:00 AM - 12:00 PM	3081
<input type="checkbox"/> 5-Day	M-F	8:00 AM - 2:45 PM	3082
<input type="checkbox"/> 5-Day	M-F	7:00 AM - 6:00 PM	3083
<input type="checkbox"/> 5-Day	M-F	8:00 AM - 6:00 PM	3084
<input type="checkbox"/> 5-Day*	M-F	7:00 AM - 6:00 PM	3086
<input type="checkbox"/> 5-Day*	M-F	8:00 AM - 6:00 PM	3085

STARS

<input type="checkbox"/> 5-Day	M-F	8:30 AM - 2:00 PM	3035
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CAMPS & JEWISH HOLIDAY OPTION

Registration Fee _____

Sibling Reg. Fee _____

PROGRAM	TIME	CODE
<input type="checkbox"/> Winter Camp 1	7:00 AM - 6:00 PM	3070A
<input type="checkbox"/> Winter Camp 2	7:00 AM - 6:00 PM	3070B
<input type="checkbox"/> Spring Camp	7:00 AM - 6:00 PM	3071
<input type="checkbox"/> Jewish Holiday Opt.	7:00 AM - 6:00 PM	3015

INFANT CARE

Registration Fee _____

Sibling Reg. Fee _____

PROGRAM	DAYS	TIME	CODE
<input type="checkbox"/> 5-Day	M-F	7:00 AM - 6:00 PM	3701
<input type="checkbox"/> 5-Day	M-F	8:00 AM - 6:00 PM	3801
<input type="checkbox"/> 5-Day*	M-F	7:00 AM - 6:00 PM	3804
<input type="checkbox"/> 5-Day*	M-F	8:00 AM - 6:00 PM	3805

INFANT CARE WAITING LIST

Waiting List Fee _____

If not yet born, what is the expected birth date of your child? _____

Desired Start Date? JUNE SEPT JAN

5-Day M-F 7:00 AM - 6:00 PM

5-Day M-F 8:00 AM - 6:00 PM

FEE: Enclose non-refundable registration/wait list fee. Balance of registration fee due when space is confirmed and start date determined. In the event that enrollment is not possible, deposit fee will be forfeited.

*Registration includes Jewish Holiday Package (JHCC) Winter camp 1 & 2 and Spring camp

PLEASE READ CAREFULLY BEFORE SIGNING. Confirmation of applications will be made to members whose accounts reflect no balances due for other activities. Center membership must be maintained current throughout the school year.

Participation in any ERJCC activities and use of any recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Jewish Community Center of Houston, I/We, as an individual or as parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless the Jewish Community Center of Houston, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any recreational facilities at or conducted by the Jewish Community Center of Houston.

Child will not be released to any persons other than those listed above without permission from parent or guardian. I give permission for my child to take part in all activities including trips away from school. In the event of an emergency, I authorize the school staff to act for me according to their best judgment.

Participation in ERJCC sponsored programs constitutes permission for the ERJCC to use any photos of participant for promotional purposes without remuneration. (Permission may be refused by crossing out this item.)

I have read the above. I understand the Center's policy on school registration and I agree to be responsible for payment of all fees due the Jewish Community Center. I understand that failure to make payments as required will result in termination of service.

Signature of Parent or Guardian

Date