

**Pre-Planned Drop In
Early Morning Care
Registration Form for
2018-19 School Year**

7:00AM – 8:30AM

**\$10.00 per day (per child)
\$50.00 per week (per child)**



Jewish Educational Alliance
Preschool Savannah

For Office Use Only

Date Rec'd: _____

Time: _____

Form of Payment Rec'd:

____ Check

____ Cash

____ Credit/Debit Card

Initials: _____

Place this in Robin's box and
a copy in Sonya's box please.

Name of Child # 1: _____

Class/Teacher: _____

Name of Child #2: _____

Class/Teacher: _____

Day and Date Early Morning Care Needed:

Circle Day(s): MON TUE WED THU FRI

Write in Date(s): ____/____ ____/____ ____/____

OR Week: ____/____ - ____/____

Parent / Guardian Acknowledgement:

I understand that this registration form is for occasional or temporary use of Early Morning Care during the preschool program. I understand the fee for this pre-planned drop-in service is \$10 per child for one morning, regardless of the time of drop-off. **This registration form and payment must be submitted before 12:00 noon two business days prior to the date(s) for which I am requesting care.** (This two days' notice is needed for adequate staffing arrangements to be made.)

I understand that this payment is non-refundable and non-transferrable.

I will submit this completed form and my payment to the JEA front reception desk during regular business hours of 9am – 5pm, Monday through Friday, for processing. Forms and payment will not be accepted in the preschool office or by teachers.

Parent Name (printed): _____ Date: _____

Parent Signature _____