



FOR MORE INFORMATION, CONTACT:
Rosalynd Sejas, MS SpED, ITDS
Early Childhood Director
rosalynd@mbjcc.org | x221

2024 DEPOSIT FORM

REGISTRATION DATE: _____

CHILD'S INFORMATION

First Name _____ Middle Name _____ Last Name _____

Birthday (Mo/Day/Yr) ___/___/___ Age _____ Gender _____

FAMILY INFORMATION

Address _____ City, State, Zip _____

Home Phone _____ Cell _____

PARENT/GUARDIAN 1

First Name _____ Last Name _____ Email _____

Cell _____ Address (if different) _____

PARENT/GUARDIAN 2

First Name _____ Last Name _____ Email _____

Cell _____ Address (if different) _____

DEPOSIT PAYMENT INFORMATION

DEPOSIT PAYMENT: \$250

PAYMENT OPTION 1 - CREDIT/DEBIT CARD PAYMENT:
3% convenience fee applied if paying by a credit card.

PAYMENT OPTION 2 - EFT:

Credit Card Type: VISA

Please include a voided check.

Name on Card _____

Bank Name _____

Credit Card # _____

Routing # _____

CVV # _____ Exp. Date _____

Account # _____

The MBJCC is in the process of receiving a license from department of children and family service. Though we plan to open in the fall, This deposit doesn't guarantee a specific start date and opening. This deposit allows your child to be placed on a limited list of spots. We thank you for your understanding, commitment and support.

Print Name _____ ✕ Sign _____ Date _____

ECA OPTIONS

<input type="checkbox"/> 9 am - 3 pm	\$1,850/month
<input type="checkbox"/> Early Care: 8 - 9 am	\$80/month
<input type="checkbox"/> After Care: 3 - 4 pm	\$80/month
<input type="checkbox"/> Early/After Care	\$160/month
<input checked="" type="checkbox"/> Family Membership*	\$155/month Family membership is required as part of the Early Childhood Academy
<input checked="" type="checkbox"/> Annual Registration Fee	\$250 Annual registration fee due at the time of registration..

