



HaBonim

AFTER SCHOOL FUN

SESSION 2: JANUARY 4-JUNE 7

SESSION BILLING OPTIONS

Form due: December 11th, 2015

INTRODUCTION/INSTRUCTIONS:

There are 2 sessions of HaBonim per school year with monthly billing. Session 2 will run from January 4th-June 7th Please choose the days you wish to sign up your child(ren) on the calendar attached. The total for the session will be added up and divided by 6 (the amount of months in the session). This amount will then be charged to the credit card you have on file on the first day of each month. Please note that a credit card on file is required to participate in Session Billing.

CHANGES/LATE REGISTRATION:

Reservations are final. No refunds will be given for cancelled days. If you need to add a day throughout the session, each additional day will cost \$15. Registration is due by December 11th. Registrations turned in after December 11th are subject to a \$10 late fee. Registrations turned in after December 21st are subject to a \$15 late fee. Any children that attend HaBonim without a registration form on file will be charged \$2.50 per day.

HaBonim fees:

	JCC Member
5 days/week	\$57
4 days/week	\$44
3 days/week	\$39
2 days/week	\$29
1 day/week	\$17

School's Out fees:

	JCC Member
7:30 am-6 pm (5:30)	\$57
7:30 am-4 pm	\$47
11:30 am-6 pm	\$41

PLEASE FILL OUT THE FOLLOWING INFORMATION

Child's Name _____ Grade _____ Birth Date (mm/dd/yy) _____

Parent/Guardian 1 Name _____ Member Number _____

Address (include city & zip) _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Parent Guardian 2 Name _____ Work Phone _____

Cell Phone _____ E-mail _____

☐ My child may benefit from accommodations. Anita Lewis, the Sabes JCC Inclusion Director may contact me. *Registration will be accepted only after the Inclusion Director has determined that we will be able to adequately meet the needs of your child, and that the program you have registered for is appropriate for your child.

PAYMENT OPTIONS I agree to pay my total HaBonim cost via:

Visa/Mastercard # _____ exp. date _____

I understand that days are not transferable and that there are no refunds for cancellations.

Signed* _____ Date _____

*REQUIRED: Unsigned registrations will not be accepted.

PLEASE RETURN THIS FORM TO: HaBonim, Sabes JCC
4330 S. Cedar Lake Road, Minneapolis, MN 55416
OR FAX TO: 952.381.3401

QUESTIONS? Contact Kelleen O'Brion at
952.381.3374 or kobrion@sabesjcc.org



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Monday	Tuesday	Wednesday	Thursday	Friday	Total (\$) for week
4	5	6	7	8	
11	12	13	14	15	
18	19	20	21	22	
25	26	27	28	29	
Monday	Tuesday	Wednesday	Thursday	Friday	Total (\$) for week
Feb 1	2	3	4	5	
8	9	10	11	12	
15	16	17	18	19	
22	23	24	25	26	
Monday	Tuesday	Wednesday	Thursday	Friday	Total (\$) for week
29 School's Out 7:30-6:00	1 School's Out 7:30-6:00	2 School's Out 7:30-6:00	3 School's Out 7:30-6:00	4 School's Out 7:30-5:30	
7	8	9	10	11	
14	15	16	17	18	
21	22	23	24	25	
Monday	Tuesday	Wednesday	Thursday	Friday	Total (\$) for week
28	29	30	31 School's Out 11:30-6:00	April 1 CLOSED	
4	5	6	7	8	
11	12	13	14	15	
18	19	20	21	22 School's Out 7:30-4:00	
Monday	Tuesday	Wednesday	Thursday	Friday	Total (\$) for week
25 School's Out 7:30-6:00	26 School's Out 7:30-6:00	27 School's Out 7:30-6:00	28 School's Out 7:30-6:00	29 School's Out 7:30-5:30	
2	3	4	5	6	
9	10	11	12	13	
16	17	18	19	20	
23	24	25	26	27	
30 CLOSED	31	June 1	2	3	
6	7 Last Day of HaBonim	8 CLOSED	9 CLOSED	10 CLOSED	

Member

5 d/wk \$57
4 d/wk \$44
3 d/wk \$39
2 d/wk \$29
1 d/wk \$17

HaBonim total for

Session:
\$ _____

Total divided by 6:
\$ _____

Amount charged on first of
month:
\$ _____

School's Out Fees JCC

Member

7:30-6:00 (5:30):
\$57

7:30-4:00:
\$47

11:30-6:00:
\$41

**SCHOOL'S OUT
TOTAL:**

\$ _____

Late Fee (\$10 after 12/11;
\$15 after 12/21)
\$ _____

Total:

\$ _____

(this total will be charged
upon receiving
registration)