



2019-2020 REGISTRATION FORM

I WOULD LIKE TO REGISTER MY CHILD AS A STUDENT IN THE JEWISH COMMUNITY CENTER OF ATLANTIC COUNTY'S EARLY CHILDHOOD EDUCATION PROGRAM BEGINNING IN SEPTEMBER 2019.

PLEASE ACCEPT THE **\$100.00** NON-REFUNDABLE REGISTRATION FEE ENCLOSED TO HOLD A PLACE FOR MY CHILD.

Child's Name: _____ D.O.B: _____

Parent(s) Name:(M) _____ (D) _____

Phone No.: (M) _____ (D) _____

Parent(s) Date of Birth (M) _____ (D) _____

Parent(s) Address: _____

E-Mail Address: (M) _____ (D) _____

Circle your selection below:

Class: Infant/Toddler 2-Year Olds 3 Year Olds 4 Year Olds

Days: Monday-Friday Mondays, Wednesdays, Fridays Tuesdays and Thursdays

Times: _____

IT IS EXPRESSLY UNDERSTOOD

I agree to sign and return the **Schedule Contract** along with one month's tuition deposit no later than **July 28, 2019**. I understand that said deposit will be applied towards August 2020 tuition.

Enrollment of _____ as a student in the JCC Early Childhood Program for the school year 2019-2020 beginning in September 2019 is hereby accepted as set forth.

Parent/Guardian Signature Date

JCC Early Childhood Signature Date