

## 2020-2021 REGISTRATION FORM

I would like to register my child for the Katz JCC Early Childhood Education Center. Please accept the \$100 non – refundable registration fee enclosed to secure my child’s registration in the program.

**Child’s Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

### Parent/Guardian 1

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Parent/Guardian 2

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Grade Level:

Infant/Toddler     2-Year Olds     Pre-K (3) Year Old     Pre-K (4-5) Year Old

### Days Per Week:

Monday-Friday     Mondays, Wednesdays, Fridays     Tuesdays and Thursdays

**Time Schedule:** \_\_\_\_\_

### Schedule Contract Agreement:

I agree to sign and return the Schedule Contract along with one month’s tuition deposit at the time of enrollment. I understand that said deposit will be applied to my child’s August 2021 tuition.

I agree to the enrollment of \_\_\_\_\_ (student name) as a student in the Katz JCC Early Childhood Education Center and understand that 30 days’ notice is required to terminate my child’s enrollment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

JCC Early Childhood Signature: \_\_\_\_\_ Date: \_\_\_\_\_