

## 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     
  Kindergarten

### 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: \_\_\_\_\_