

REGISTRATION FORM

Date: _____

Please check here if any of your contact information has changed.

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-Old Program 3-Year-Old Program
 4-Year-Old Program 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. All deposits that are taken are credited towards your last month of attendance at the Katz JCC (i.e. graduation or unenrolling from the JCC as per the handbook).

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: _____