



Children's Services Payment Form

Deposit

Child's Name(s) (Please Print):

	Tuition	Deposit	Balance
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Total \$ _____ \$ _____

Check Cash Credit Card (AMEX/MC/Visa)

Name on Card _____ Exp. Date _____

Card Number _____ CID (Security Code) _____

Street Address _____ Zip Code _____

Signature _____ Date _____

Payment Plan Options

Pay in full at time of registration with check (payable to the JCC) or cash.

Pay in full at time of registration with credit card (AMEX/MC/Visa)

TOTAL Amount Enclosed or to be charged \$ _____

Automatic Monthly Payments - Beginning January 2012 through May 2012.
Draft will occur between the 5th and 10th of each month. Please note if you are already drafting membership this will be a separate transaction.

Draft from checking account Draft from credit card (AMEX/MC/Visa)
(Attach voided check)

Credit Card Information (if different from above)

Name on Card _____ Exp. Date _____

Card Number _____ CID (Security Code) _____

Street Address _____ Zip Code _____

Signature _____ Date _____

Office Use Only

TOTAL FEES _____

Less Sibling Discount _____

Less Other Discount(s) _____

Total _____

Div # Payments _____

Monthly Amt. _____



Early Childhood Programs 2011-2012 Registration Form

Family Name _____ Child's Name _____ Male Female Date of Birth _____

Age as of 10/1/11 _____ Mother's Name _____ Day Phone _____

Evening Phone _____ Cell Phone _____ E-Mail Address _____

Home Address _____

Father's Name _____ Day Phone _____ Evening Phone _____

Cell Phone _____ E-Mail Address _____

Home Address _____

Please check off the program that is being registered.

PROGRAM			
PRESCHOOL	TIME	TUITION	DEPOSIT
<input type="checkbox"/> Tue/Thur 2 year olds JAN - JUN	9:00 - 11:30 A	\$1,585	\$264.16

Please return this form and the above deposit to: The JCC of Central New Jersey, Wilf Jewish Community Campus, 1391 Martine Avenue, Scotch Plains, NJ 07076

- JCC family membership is required for registration in Early Childhood Programs
- A one month deposit (see chart) will be due at time of registration. This deposit will be the June 2012 tuition and is non-refundable.
- One-time \$25 sibling discount (per sibling) will be deducted from deposit payment.

____ **Medical Permission:** I hereby give permission for my child to participate in all JCC Early Childhood activities, including trips away from the Jewish Community Center of Central New Jersey (JCC). I understand that the JCC does not assume responsibility for injury and that, in case of emergency, I hereby give permission to the JCC to secure medical treatment for my child at a hospital or physician selected by the JCC at no cost to the JCC staff or agency.

____ **Siblings:** I am enrolling more than one child in the JCC Preschool, Kindergarten, Kindergarten Kids or Kid Zone.

____ **Friend Request:** _____ (Must be reciprocal)
I realize that only one friend may be requested, and that this request is not a guarantee.

Parent Signature: _____ Date: _____

A copy of your child's birth certificate is required to register new students.