



Kindergarten Kids Wrap & Kid Zone After School 2009-2010 Registration Form

Family Name _____		Child's Name _____	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth _____	
Grade as of 9/1/09 _____		School Attending _____	
Mother's Name _____		Day Phone _____	
Evening Phone _____		Cell Phone _____	
E-Mail Address _____			
Home Address _____			
Work Address _____			
Father's Name _____		Day Phone _____	
Evening Phone _____		Cell Phone _____	
E-Mail Address _____			
Home Address _____			
Work Address _____			

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 Kindergarten Kids or Kid Zone.

Friend Request: *(Kindergarten Kids only, must be reciprocal)*
I realize that only one friend may be requested, and that this request is not a guarantee. Requests and/or changes will not be accepted after 8/28/2009.

Parent Signature: _____
(cont'd on back)

(cont'd from front)

Please check off the program that is being registered.

Program	Days	Time	Monthly Fee \$	Deposit \$
<input type="checkbox"/> Kindergarten Kids 2 Day	Mon. & Wed.	11:30 am - 3:00 pm	\$226	\$226
<input type="checkbox"/> Kindergarten Kids 2 Day	Tues. & Thurs.	11:30 am - 3:00 pm	\$226	\$226
<input type="checkbox"/> Kindergarten Kids 2 Day	Wed. & Fri.	11:30 am - 3:00 pm	\$226	\$226
<input type="checkbox"/> Kindergarten Kids 3 Day	Mon., Wed., & Fri.	11:30 am - 3:00 pm	\$309	\$309
<input type="checkbox"/> Kindergarten Kids 5 Day	Mon.-Fri.	11:30 am - 3:00 pm	\$411	\$411
<input type="checkbox"/> Kindergarten Kids Includes Transportation	Mon. & Wed.	11:30 am - 3:00 pm	\$275	\$275
<input type="checkbox"/> Kindergarten Kids Includes Transportation	Tues. & Thurs.	11:30 am - 3:00 pm	\$275	\$275
<input type="checkbox"/> Kindergarten Kids Includes Transportation	Wed. & Fri.	11:30 am - 3:00 pm	\$275	\$275
<input type="checkbox"/> Kindergarten Kids Includes Transportation	Mon., Wed., & Fri.	11:30 am - 3:00 pm	\$375	\$375
<input type="checkbox"/> Kindergarten Kids Includes Transportation	Mon.-Fri.	11:30 am - 3:00 pm	\$475	\$475
Kid Zone 3-4 yrs, K-8	Circle Day(s)	Time*	Monthly Fee \$	Deposit \$
<input type="checkbox"/> Kid Zone 1 Day	M T W R F	2:30 pm – 6:00 pm	\$158	\$158
<input type="checkbox"/> Kid Zone 2 Days	M T W R F	2:30 pm – 6:00 pm	\$236	\$236
<input type="checkbox"/> Kid Zone 3 Days	M T W R F	2:30 pm – 6:00 pm	\$304	\$304
<input type="checkbox"/> Kid Zone 4 Days	M T W R F	2:30 pm – 6:00 pm	\$376	\$376
<input type="checkbox"/> Kid Zone 5 Days	M T W R F	2:30 pm – 6:00 pm	\$443	\$443

* Grades K-8 Kid Zone begins when children arrive from their public school.

Deposit Payment Option

Check Enclosed (please make check payable to the JCC)

Visa Mastercard American Express

Card #: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature: _____ Date: _____

I understand that monthly payments will be EFT in the same form (check or credit card) as my deposit

I choose to pay in full for the school year

Please return this form and the above deposit to: Kindergarten Kids only.

The JCC of Central New Jersey, Wilf Jewish Community Campus, 1391 Martine Avenue, Scotch Plains, NJ 07076

- A 10% deposit (see above) will be due at time of registration. This deposit will be the Sept 2009 tuition and is non refundable.
- A one time fee of \$100 is required for participants who are not JCC Members