



# Kid Zone Aftercare Program

Questions? Contact Mary Ann Kukis, After School Services Director, (908)-889-8800 ext. 254 or mkukis@jccnj.org

School Attending \_\_\_\_\_

Family Name \_\_\_\_\_ Child's Name \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

Grade as of 9/1/2011 \_\_\_\_\_ 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		
Kid Zone 3-4 yrs, K-8	Circle Day (S)	Monthly Fee
<input type="checkbox"/> Kid Zone 1 Day	M T W R F	\$169
<input type="checkbox"/> Kid Zone 2 Days	M T W R F	\$252
<input type="checkbox"/> Kid Zone 3 Days	M T W R F	\$325
<input type="checkbox"/> Kid Zone 4 Days	M T W R F	\$402
<input type="checkbox"/> Kid Zone 5 Days	M T W R F	\$474

Please return this form and first month fee: The JCC of Central New Jersey, Wilf Jewish Community Campus, 1391 Martine Avenue, Scotch Plains, NJ 07076

- \$200 KZ participant registration fee is required at time of registration for families who are not JCC members.
- Sibling discount allowance \$10.00 per month for each additional sibling for a total possible savings of \$100.00 per child.

\_\_\_\_\_ **Medical Permission:** I hereby give permission for my child to participate in all JCC 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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_