JCC OF CENTRAL NEW JERSEY
WILF JEWISH COMMUNITY CAMPUS
CHILDREN'S SERVICES

Kid Zone Express - Transportation only

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_____

❑ Hebrew School _____ ❑ Transportation for JCC Programing

☑ Please check off the program that is being registered.

	PROGRAM		
	Transportation only	**Circle Day (S)**	**Monthly Fee**
❑	Kid Zone 1 Day	M T W R F	$40
❑	Kid Zone 2 Days	M T W R F	$80
❑	Kid Zone 3 Days	M T W R F	$120
❑	Kid Zone 4 Days	M T W R F	$160
❑	Kid Zone 5 Days	M T W R F	$180

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

- $100 community participant registration fee is required at time of registration for families who are not JCC members.

_____ 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:_____