

Family Name: _____ JCC Acct #: _____

Parent 1: _____ Parent 2: _____

Address: _____

City: _____ State/Zip: _____

Email: _____ Home Phone: _____

Child 1: _____ DOB: _____ Sex: M F

Grade as of September 1: _____ School: _____

District: _____

Program Day: Mon. Tues. Wed. Thurs. Fri. (Check all that apply)

Child 2: _____ DOB: _____ Sex: M F

Grade as of September 1: _____ School: _____

District: _____

Program Day: Mon. Tues. Wed. Thurs. Fri. (Check all that apply)

Payment Information:

I have enclosed a \$200 deposit for each child and understand my monthly rate will be prorated all so all tuition is paid by April 15, 2016.

I have enclosed payment in full [Amount \$ _____]

Check # _____ Make checks payable to Katz JCC

Please charge \$ _____ to my credit card Visa Master Card Amex

Card#: _____

Signature: _____ Exp. Date: _____

Transportation Policy: We will only provide bussing from a school that has at least four students registered in Just4Kids. In addition, please understand that your child's bus route may change during the year as a result of changes in registrations from a particular school.

**Please send registration form and \$200 deposit per child to
Katz JCC Just 4 Kids • 1301 Springdale Road • Cherry Hill, NJ 08003**

