

# Registration Form

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 so all tuition is paid by April 30th.

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**

