



Registration 2011-2012

Membership #

Child's Name: First: Last:

Address: City: Zip:

Home Phone: DOB: Age ? Grade:

School School Town

Parent A Parent B

Occupation Occupation

Business Name Business Name

Business Phone Business Phone

Cell Phone Cell Phone

Email

Number of days per week: (circle one) 5 days 4 days 3 days 2 days 1 day

Days of Week Attending 11/12: _____

Doctor Name Phone Number

Allergies

In Case of emergency, if parent is not available, the JCC may call:

Name Name

Phone Phone

Relationship Relationship

Dismissal Options (choose one):

_____ I understand this program ends promptly at 6:00 pm. I have made necessary emergency pick-up arrangements should I be late. I understand that I will be billed \$1 per minute per child for any time he/she remains after 6:00 pm.

_____ I will need extended hours coverage from 6:00 -6:30 pm at an additional fee.

Signature of Parent or Guardian

Date

Please return completed form with a \$200 check to:
Kids Club, JCC MetroWest, 760 Northfield Avenue, West Orange, NJ 07052
For further information call Aleida Kimmel, 973-530-3465
or email akimmel@jccmetrowest.org