



# Registration 2020-2021

Child's Name: First: ..... Last: ..... Group:  A  B

Address: ..... City: ..... Zip: .....

Home Phone: ..... DOB: ..... Age: ..... Grade: .....

School ..... School Town ..... Gender  Male  Female

Parent A ..... Parent B .....

Occupation ..... Occupation .....

Business Name ..... Business Name .....

Business Phone ..... Business Phone .....

Cell Phone ..... Cell Phone .....

Email .....

How did you hear about Kids Club? .....

Doctor Name ..... Phone Number .....

Allergies .....

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

Name ..... Name .....

Phone ..... Phone .....

Relationship ..... Relationship .....

### Read & Parent Initial Below:

\_\_\_\_\_ I understand this program ends promptly at 5:00 pm for Livingston families and 5:15pm for West Orange families. I have made necessary emergency pick-up arrangements should I be late. **I understand that continuous late pick up will be grounds for expulsion from program.**

\_\_\_\_\_ If a student or any member of the student's household tests positive for COVID-19, we will notify Kids Club IMMEDIATELY.

\_\_\_\_\_ I understand that I will be asked to fill out a pre-health screen form everyday. I understand that without the completed form, my child will **not** be allowed in the building.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Please e-mail completed application & payment form to: [kidsclub@jccmetrowest.org](mailto:kidsclub@jccmetrowest.org)**

**Deposits MUST be paid with a credit card.**

**For further information email [kidsclub@jccmetrowest.org](mailto:kidsclub@jccmetrowest.org).**

**Deposit will be refundable until August 21st; after August 21st, deposit is nonrefundable.**