



Member
 Non-Member

Registration Form 2010/2011

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PERSONAL INFORMATION

Child's Last Name	First Name	M.	M/F	DOB
Home Address		City/State/Zip		Home Phone
Father's Name/Address	Work Phone	Cell Phone/Pager		E-mail
Mother's Name/Address	Work Phone	Cell Phone/Pager		E-mail

Check One: Married Divorced Separated Widow Single

REGISTRATION DEPOSIT

Check One: Days Attending J-Tots

Child's Name	<input type="checkbox"/> M/W/F	<input type="checkbox"/> Tu/Th	<input type="checkbox"/> M/Tu/W/Th/F
	\$100	\$75	\$125 (non-refundable deposit)

EMERGENCY INFORMATION

The following person(s) is/are authorized to pick up my child(ren) & may be called in case of an emergency:

1.	Name	(Relationship to Child)	Phone #	Cell #
2.	Name	(Relationship to Child)	Phone #	Cell #
	Pediatrician	Phone #		

TERMS OF REGISTRATION:

1. Non-refundable deposit per child is required at time of registration.
2. First month tuition will be due September 1, 2010. Fees will be adjusted for enrollees that have a member status change at the LJCC.
3. J-Tots tuition will be drafted by center check or credit card by the 5th of each month, beginning October 2010 and ending May 2011. A \$25 fee will be assessed for non-sufficient funds.
4. If I withdraw my child before the end of the school year, no refund will be given.
5. Permission is granted for photographs to be taken of my child to be used in future publicity.
6. Permission is granted for my child to take part in all program activities.
7. Permission is granted to the J-Tots staff to authorize emergency medical treatment for my child should the need arise.

I hereby register my child for the 2010-11 J-Tots Program at the Levine Jewish Community Center. I understand and agree to all terms and conditions in this and all other documentation pertaining to the rules and policies of the Levine Jewish Community Center.

Signature of Parent/Guardian

Date

