

2010/2011
JCC
EARLY CHILDHOOD CENTER
APPLICATION

FOR OFFICE USE ONLY	
Date Received	_____
Deposit	_____
Reg. Fee	_____
Starting Date	_____
Account #	_____

LOCATED AT THE BENDERSON FAMILY BUILDING

Child's Last Name _____

Date of Birth _____
Month Day Year

Child's First Name _____

Child's Nickname _____

Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Child Lives with _____

Parent's Name _____ Home Phone _____ Cell Phone _____

Address _____ City _____ Zip Code _____

Occupation _____ Business Phone _____ Email: _____

Parent's Name _____ Home Phone _____ Cell Phone _____

Address _____ City _____ Zip Code _____

Occupation _____ Business Phone _____ Email: _____

Special Needs: Please contact me regarding my child's special needs. A meeting with the Director is needed prior to acceptance of registration.

Please Check Schedule Needed

DAYS	Half Day 7:30-12:30	Full Day 7:30-6:00	Ext. Half Day 12:30-2:00
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

PLEASE SELECT

- Toddler 1 (18-24 mos.)
- Toddler 2 (25-36 mos. on Sept. 1)
- 3's - 3 by Dec. 1
- 4's - 4 by Dec. 1

MY CHILD WILL ATTEND

- 12 Months (September - August)
- 11 Months (September-June + July or August)
- 10 Months (September - June)

Registration Fee and Deposit

Please include a deposit of \$200 and a registration fee of \$35

My JCC Membership Account Number is _____

Check Credit Card Visa MasterCard

Credit Card #: _____ Expiration Date: _____ 3 Digit Security Code _____

Name on Card: _____

Signature of "Name on Card" Authorizing Charge _____

Mail to:

Early Childhood Director, JCC, 2640 North Forest Rd., Getzville, New York 14068