

2010/2011
JCC EARLY CHILDHOOD CENTER
HOLLAND FAMILY BUILDING
APPLICATION

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

Child's Last Name _____
Child's First Name _____
Child's Nickname _____
Child Lives with _____

Date of Birth	_____	_____	_____
	Month	Day	Year

Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Parent's Name _____ Home Phone _____ Cell Phone/Pager _____
Address _____ City _____ Zip Code _____
Occupation _____ Business Phone _____ Email: _____

Parent's Name _____ Home Phone _____ Cell Phone/Pager _____
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	UPK	After School
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

PLEASE SELECT

- Tatela (18-24 mos.)
 - Mamela (25-36 mos. on September 1)
 - 3's - 3 by Dec. 31
 - 4's - 4 by Dec. 31
- 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: _____ CVC#: _____

Name on Card: _____

Signature of "Name on Card" Authorizing Charge _____

Mail to: Barbara Stone Reden, JCC, 787 Delaware Ave., Buffalo, New York 14209