

2011/2012  
**APPLICATION FOR CHILDREN  
 18 MONTHS TO 5 YEARS  
 JCC EARLY CHILDHOOD CENTER  
 HOLLAND FAMILY BUILDING**

<b>FOR OFFICE USE ONLY</b>	
Date Received	_____
Deposit	_____
Reg. Fee	_____
Starting Date	_____
Account #	_____

**Child's Last Name** \_\_\_\_\_

<b>Date of Birth</b>	_____	_____	_____
	Month	Day	Year

**Child's First Name** \_\_\_\_\_

**Child's Nickname** \_\_\_\_\_

<b>Sex</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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**Child Lives with** \_\_\_\_\_

**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				

**\*Minimum registration is 2 days/week**

**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**