

2011/2012
**APPLICATION FOR CHILDREN
 6 WEEKS TO 17 MONTHS
 JCC EARLY CHILDHOOD CENTER
 HOLLAND FAMILY BUILDING**

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

Child's Last Name _____

Date of Birth or Due Date	_____	_____	_____
	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/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 Requested*

Hours: 7:30 am – 6:00 pm	preferred days
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

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

PLEASE SELECT

- Five days/week
- Four days/week
- Three days/week
- Two days/week

MY CHILD WILL ATTEND:

Projected enrollment date _____

Child's age at enrollment _____

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