

2010 Infant Room  
**JCC EARLY CHILDHOOD CENTER**  
**HOLLAND FAMILY BUILDING**  
**APPLICATION**

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

**Child's Last Name** \_\_\_\_\_  
**Child's First Name** \_\_\_\_\_  
**Child's Nickname** \_\_\_\_\_  
**Child Lives with** \_\_\_\_\_

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

<b>Sex</b>	<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 Requested**

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

**PLEASE SELECT**

- Five 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: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature of "Name on Card" Authorizing Charge \_\_\_\_\_

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