



Registration Form "Schools Out" Program
8:30am-5:30pm K-8th

Personal Information:

Child's Name: Age: Grade: DOB:

Parent or Guardian's name(s):

Contact Phone Number: Contact Email:

Address: City: State: Zip:

Medium Family Income: Higher than 53k or below 53k (circle one)** Optional*****

Is this your first JCC Youth Program? (Please circle) Yes No

If yes, how did you hear about this program?

Medical Information:

Insurance Company: Policy#

Does your child have allergies, medications or medical issues that we should be aware?

Circle one (Yes) If yes explain/list (No)

Emergency Contact:

Name: Relationship:

Home Phone: Cell Phone:

Address: Email:

Payment Information:

Dates Attending:

Is your child a JCC Member (please circle): Yes No

Program Fees Daily

Program Fee: \$40 (per child)

TOTAL: Payment type (circle): Cash Check Credit

Parent's Signature: Date: