

REGISTRATION FORM 2009-10



1. PARTICIPANT INFO

	PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3
First Name, Middle Initial			
Last Name, Suffix			
Address			
City			
State, Zip			
Home Phone			
Email Address			
Birth Date			
Grade			
Parent Name			
Business Phone			
Emergency Phone			

2. PROGRAMS

I wish to enroll in the following programs

	PARTICIPANT	PROGRAM	DAY	TIME	CODE	FEE
1.						
2.						
3.						
4.						

SUBTOTAL

REGISTRATION FEE: Required at the first registration of the JCC fiscal year (7/1/09 – 6/30/10) Family \$75, Individual \$40

CONTRIBUTION: The total operating costs of the JCC are not reflected in tuition fees. Please help us meet these costs by making a tax-deductible gift.

TOTAL

3. PAYMENT

Enclosed is my Check Money Order

Make checks payable to JCC of Mid-Westchester. Cash payments can only be taken at the Front Desk.

CREDIT CARD Visa MasterCard Card # Expiration
 Signature CV#
(last 3 digits on back of card)

4. SUBMISSION

PHOTO WAIVER Photographs and videos taken during JCC activities and programs are used for JCC publicity and publications. Participation in programs serves as consent to use your photo for these purposes.

RESPONSIBILITY FOR CHILD The JCC can only accept responsibility for your child when he/she is under supervision of an appropriate JCC employee. Supervision is available only at program locations during program hours. Parents are responsible for notifying appropriate staff of a child's absence, later arrival, early or late pickup, or any other special circumstances related to arrivals or departures.

I have read and agree to the special consideration above.

Parent or Guardian Signature
 Date / /

This form may be faxed or mailed with payment to:

JCC of Mid-Westchester
 999 Wilmot Road
 Scarsdale, NY 10583-6899

tel 914.472.3300
 fax 914.472.9270

www.jccmw.org
 info@jccmw.org