

Early Childhood Registration Form

CHILD'S NAME	BOY <input type="checkbox"/>	GIRL <input type="checkbox"/>
ADDRESS	ZIP	
BIRTH DATE	AGE BY SEPT 1	
MOTHER'S NAME		
ADDRESS	ZIP	
PHONE: HOME	WORK	CELL/BEEPER
FATHER'S NAME		
ADDRESS	ZIP	
PHONE: HOME	WORK	CELL/BEEPER
MARITAL STATUS: (CHECK ONE)	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED
	<input type="checkbox"/> SINGLE	<input type="checkbox"/> SEPARATED
ARE ANY OF YOUR CHILDREN CURRENTLY ENROLLED IN OUR EARLY CHILDHOOD PROGRAM?		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, WHAT PROGRAM?	CURRENT ROOM?	
JCC MEMBERSHIP NUMBER		
PRIMARY LANGUAGE SPOKEN BY YOUR CHILD		

I hereby give to the Dave and Mary Alper Jewish Community Center, and all persons acting with its permission, the absolute right and unrestricted permission to obtain, use, copyright, and/or publish photographic portraits or pictures of my child whether such are still, moving, single or multiple, or in which my child is in whole or in part, in conjunction with the child's own name or another fictitious name. It is my understanding that such picture(s) are for the purpose of art, advertising, trade, and any other lawful purpose whatsoever. I understand further that I will not have any opportunity to approve or review the finished product that may be used in connection therewith or the use to which it may be applied.

YES NO

I authorize the Dave and Mary Alper Jewish Community Center to act as my agent in obtaining emergency medical treatment for my child in any case where it may not be possible for the school to contact me in sufficient time for such treatment, and agree to pay any cost that may be charged by the physician or hospital providing such emergency treatment, except when covered by insurance.

I further agree to be responsible for all costs of collection including attorney's fees of 35% or court awarded fees, whichever is greater.

PARENT'S SIGNATURE _____ DATE _____

ALL PROGRAMS MONDAY THROUGH FRIDAY

- INFANTS** (6 weeks - 12 months)
 - 7:35 am - 6 pm
- TODDLERS' PROGRAM** (12-17 months)
 - 7:35 am - 6 pm
- TODDLERS' PLAYGROUP** (18 months - 2 years)
 - 9 am - noon
 - 9 am - 2:15 pm
 - 7:35 am - 6 pm
- TWO'S PLUS** (2 years by Sept. 1st)
 - 9 am - 2:15 pm
 - 7:35 am - 6 pm
- PRESCHOOL** (3 through 5 years by Sept. 1st)
 - 9 am - 2:15 pm
 - 7:35 am - 6 pm
 - VPK 3 hrs. 9 am - noon

Enclosed is payment in the amount of \$_____ for Registration (and JCC membership, if applicable) for the programs checked.

- I understand that fees cannot be refunded due to illness or vacation during the program.

Please send form with remittance payable to:
JCC, 11155 SW 112 Ave
Miami, FL 33176.
Attention: ECD Registration

There is a \$25 service charge for any returned check.