

JEWISH COMMUNITY CENTER Class/Event Registration Form

Classes are non-refundable unless
cancelled by the instructor.

MAIN INFORMATION

Family Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Home Email _____

City _____ State _____ Zip _____

COURSE INFORMATION

Child's Name	Course	Day	Time	Fee
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

A current Medical Authorization Form and Emergency Information Document **MUST** accompany the Class Registration form for **EACH CHILD**. If you are registering your child for a class that runs during After-School Program, you must also register with the Children's Department.

PAYMENT INFORMATION

Form of Payment: Cash Check Charge Visa/MC # _____

Total Enclosed: _____ Exp. Date _____

I would like to be automatically re-registered for next semester for the classes listed. Signature _____