



NSJCC

North Suburban Jewish Community Center
and Early Childhood Program

School Year _____

Please return this form with a non-refundable registration fee:

New families \$150.00 – Returning families \$75.00

NSJCC, 240 Lynnfield Street, Peabody, MA 01960

Registration Date ____/____/____

Start Date ____/____/____

Please Select:

☐ Infant (minimum age 8 Weeks)

☐ Toddler Program

☐ 3-Year-Old

☐ 4-Year-Old

☐ Pre-Kindergarten

Child's Name: _____ D.O.B. _____ M/F: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Name: _____ Parent Name: _____

Cell Phone: _____ Cell Phone: _____

Evening Phone: _____ Evening Phone: _____

EMAIL: _____ EMAIL: _____

Please indicate days and times of enrollment:

☐ Monday _____ AM _____ PM

☐ Tuesday _____ AM _____ PM

☐ Wednesday _____ AM _____ PM

☐ Thursday _____ AM _____ PM

☐ Friday _____ AM _____ PM

Toddler/Preschool Option

Please check one:

☐ **August 29 – June 23**
43 weeks

☐ **August 29 – June 23**
40 weeks – excludes
Public/Private school vacation
weeks.

Please indicate notification process:

☐ I would be interested in having my monthly invoices emailed to me.

Please indicate payment method:

☐ I will pay by credit card every month and will be charged a 3% administration fee.

☐ I will make monthly payments, due on the 1st day of each month, paid one month in advance.

☐ I would like my monthly payments automatically charged to my credit card on file and will be charged a 3% administration fee.

Please complete the Credit Card Authorization Form.

Parent/Guardian Signature

Date

For Office Use Only:

Date Rec'd _____ Deposit Date _____ Amount \$ _____ Entered By: _____