



MetroWest

# Registration 2017-2018

Child's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_

Gender ☐ Male ☐ Female Email \_\_\_\_\_

Parent A \_\_\_\_\_

Parent B \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Days of Week Attending 17/18: (circle days) Monday Tuesday Wednesday Thursday Friday

Doctor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

**In Case of emergency, if parent is not available, the JCC may call:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

**Dismissal Options (choose one):**

\_\_\_\_\_ I understand this program ends promptly at 6:00 pm Monday through Thursday and 3:30 pm on Friday. I have made necessary emergency pick-up arrangements should I be late.

**I understand that I will be billed \$5 per minute per child for any time he/she remains after 6:00 pm.**\_\_\_\_\_  
Signature of Parent or Guardian\_\_\_\_\_  
Date**Please return completed form to:****JCC MetroWest, 760 Northfield Avenue, West Orange, NJ 07052****For further information call Susan Hur, 973-530-3465****or email [shur@jccmetrowest.org](mailto:shur@jccmetrowest.org)**



MetroWest

# Registration 2017-2018

**BOTH SIDES MUST BE COMPLETED****PAYMENT OPTION FORM\* (complete both sides)**

Membership # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Fees can be paid by choosing one of the following:**☐ **Option 1: Monthly Credit Card**

We will automatically charge your credit card account with the amount of your monthly Nursery on the first of each month.

☐ VISA ☐ AMX ☐ MC Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ **Option 2: Electronic Transfer**

This is an automatic withdrawal from your checking account. On the fifteenth of each month we will ask your bank to transfer the amount of your monthly Early Childhood fee to the JCC's account.

**A voided check will be required to set up this option.****Authorization Agreement for Pre-Arranged Payments (Debits)**

I(we) hereby authorize JCC MetroWest, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the Bank named below, hereinafter called BANK, to debit the same to such account.

Bank \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me(or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act upon it. I (or either of us) has the right to stop payment of a debit entry by notification to BANK at such time as to afford BANK a reasonable opportunity to act upon it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by BANK, provided I (we) send written notice of such debit entry in error to BANK within 15 days following issuance of the account statement and/or 45 days after posting, whichever occurs first.

Name(s) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE STAPLE A VOIDED CHECK TO THIS FORM**

\* Other than payment in full by check/cash

**SEE OTHER SIDE FOR PAYMENT SCHEDULE**