

# School's Out Registration Form | Grades K - 5

One form per child, please.

(download extra forms at [www.nojcc.org](http://www.nojcc.org))

\_\_\_\_\_ Member \_\_\_\_\_ Guest of Member: \_\_\_\_\_ (Member's Name)

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Parent's Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**See back for important information needed about your child.**

**Circle days that your child will be joining us:** (\$40 member / \$50 guest)

January 15 18 (member) # of days \_\_\_ x \$40 = \_\_\_\_\_

February 17 18 19

March 12 22 26 (guest) # of days \_\_\_ x \$50 = \_\_\_\_\_

**Circle days that your child will need Before Care:** (\$5 per day)

January 15 18

February 17 18 19

March 12 22 26 # of days \_\_\_ x \$5 = \_\_\_\_\_

**Circle days that your child will need After Care:** (\$12 per day)

January 15 18

February 17 18 19

March 12 22 26 # of days \_\_\_ x \$12 = \_\_\_\_\_

**For Office Use Only**

Staff \_\_\_\_\_ Date \_\_\_\_\_

**TOTAL FEES: \$** \_\_\_\_\_

Method Of payment (circle one) Cash Check # \_\_\_\_\_ AMEX VISA MC

Account No \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Child's Name \_\_\_\_\_

# Emergency Information

List any allergies your child may have:

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In the event of an emergency, contact: (list in order of preference)

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

In the event that any of these people cannot be reached, the JCC has my permission to contact my child's doctor and/or take any medical precautions that are necessary.

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name \_\_\_\_\_

(Please Print)

Signature \_\_\_\_\_

