

OLAM YELADIM 2009-10 REGISTRATION APPLICATION

Child's Name School Grade 09-10

Parent/Guardian Name Relationship

 Home Address Zip

() _____ () _____ () _____
 Home Phone Work Phone Cell Phone/Pager

Parent/Guardian Name Relationship

 Home Address Zip

() _____ () _____ () _____
 Home Phone Work Phone Cell Phone/Pager

**Indicate hours requested and check applicable days (three-day minimum).
 Use additional lines if day schedules are different:**

**Application fee due with
 \$50.00. This fee is non-**

| Hours: | M | T | W | R | F |
|--------|---|---|---|---|---|
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**Registration Application is
 refundable.**

When the JCC accepts your OY application; the following amounts will then be due:

- Annual JCCEB Membership Fee of \$100 (**non-refundable**).
- Program Deposit of \$200. (See Admission Agreement for deposit policies.)

Tuition and van fees for the first month and \$35.00 for your child's earthquake kit will be due as indicated with the Registration packet.

PLEASE REGISTER MY CHILD AS INDICATED ABOVE. I HAVE READ AND AGREE TO THE REGISTRATION AND DEPOSIT REFUND POLICY.

Signed: _____ **Date** _____