

# prossermanjcc

## After School Programs

at Associated Hebrew School Posluns Campus

### REGISTRATION FORM

Parent's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City Postal Code

### STUDENT INFORMATION

Student #1 \_\_\_\_\_ Student #2 \_\_\_\_\_

First Name \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ PM Room # \_\_\_\_\_  
mm dd yyyy mm dd yyyy

Grade (please circle) SK 1 2 3 4 5 Grade (please circle) SK 1 2 3 4 5

Allergies / Medical Conditions \_\_\_\_\_ Allergies / Medical Conditions \_\_\_\_\_

### EMERGENCY CONTACTS / AUTHORIZED PICK-UP

In the event of an emergency, if the parents or guardians listed on the front of this form can not be reached, the Prosserman JCC should contact:

Emergency contact \_\_\_\_\_

Relation to child \_\_\_\_\_

Phone number \_\_\_\_\_

In addition to the parents or guardians listed on the front of this form, the following individuals are confirmed as authorized to pick-up the children in this program:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

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	Student #1	Student #2	TOTAL
<b>MONDAYS</b>			
Extended Care	\$132		
Sports with Jay Multi sport	\$120		
<b>TUESDAYS</b>			
Extended Care	\$132		
Takeoff DJ and Dance	\$250		
<b>WEDNESDAYS</b>			
Extended Care	\$132		
Act one	\$285		
<b>THURSDAYS</b>			
Extended Care	\$108		
i Compute	\$120		

### PAYMENT INFORMATION

Payment must be included in full (payable to the Prosserman JCC) prior to the start date of the program.

Balance due: \_\_\_\_\_ Method of Payment:  Cash  Cheque  Visa/Mastercard  
 Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_  
 Name on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_

I/We have read the attached conditions of enrolment, cancelation policy and fee schedule as specified above and agree to abide by the conditions outlined.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail forms to: 4588 Bathurst Street, Toronto, Ontario, M2R 1W6 or by fax: 416.636.5813  
 Attention: Lauren Cohn or email: lauren@centrecamp.ca