For office use only: date received: _____

Jewish Family Service: *CLUB ED Afterschool Program- Cliffside Park Schools*

2008/2009 REGISTRATION

Parents/guardians must complete ALL registration forms *for each child or sibling* before children can attend Club Ed. Registration forms include:

1. Payment Form (including registration fee)
2. Student Enrollment Form
3. Emergency Medical Care and Health Record Form
4. Policy Study Associates (PSA) Permission Slip
5. Photo/Video/Interview Consent Form

Once all registration forms are complete, Jewish Family Service will contact the parent/guardian listed on the enrollment form to confirm start date. **Children may not begin attending Club Ed until Jewish Family Service has contacted the parent/guardian to confirm start date.**

PAYMENT FORM: 2008/2009

Student Name: _____ Birth Date: ____/____/____
First Last MI month day year

Grade in 2008-2009: _____ School Attending: **Cliffside Park School #**_____

_____ _____
Parent/Guardian Street Address

_____ _____
Email City State Zip

(_____) _____ - _____ (_____) _____ - _____
Home Phone Work/Other Phone

Non-Refundable Registration Fee (circle one): $275 $250 (only if received **before June 30, 2008**)

$250 (for each additional sibling)

PAYMENT METHOD

Amount: $ _____ ☐ Visa ☐ Mastercard ☐ Amex ☐ Check # _____ ☐ Cash
(payable to Jewish Family Service)

Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date ☐☐☐☐

_____ _____
Parent/Guardian Signature Please print name as it appears on credit card

FORWARD ALONG WITH REGISTRATION MATERIALS IN THE ENVELOPE PROVIDED TO:

Jewish Family Service (checks should be made payable to Jewish Family Service)
Attn: Club Ed Program Director
1485 Teaneck Road
Teaneck, NJ 07666

Helping Hands from the Heart of the Community

Rev. 5/08 * Please note that no child may be denied enrollment due to a family's inability to pay.