

ARRANGEMENT FOR PAYMENT

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip Code _____

Indicate your choice for remaining payment:

_____ Payment in full (due by August 1, 2018)

_____ Monthly payment by bank draft beginning August 1, 2018 - November 1, 2018 (You must attach a voided check)

_____ Monthly payment by credit/debit card beginning August 1, 2018 - November 1, 2018

Please apply to my (check one) Mastercard Visa American Express Discover Check Number _____

Card Number _____

Exp. Date _____ CVV _____ Billing Zip Code _____

I (we) agree to pay according to the selection indicated above. If choosing a monthly payment option, I (we) understand that for the Baby & Me Classes, I (we) will make 4 payments beginning August 1, 2018 - November 1, 2018. If sufficient funds are not available or if the account has been closed, my (our) account will be charged \$25 for each transaction that could not be processed.

Cardholder's Signature _____

Cardholder's Name (print) _____

Date _____

PLEASE READ AND INITIAL THE FOLLOWING ITEMS AND SIGN BELOW

_____ In enrolling my child in the Adolph and Rose Levis Jewish Community Center's Early Childhood program, I authorize the officials of the Adolph & Rose Levis JCC to act for the parents while my child is in their care. This includes the power to authorize emergency medical treatment, when it is deemed necessary in my child's best interest.

_____ Participation in any Adolph & Rose Levis Jewish Community Center activities and use of any recreational facilities involves risks of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Adolph and Rose Levis Jewish Community Center, I/we as an individual or as parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless the Adolph & Rose Levis Jewish Community Center, its' officers, directors, independent contractors, volunteers, and all employees for any illness or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any facilities at or conducted by the Adolph and Rose Levis Jewish Community Center.

_____ There will be no make-up days, refunds or credits in the event of absences, weather emergencies, other school closings or early withdrawals.

_____ Siblings: Our classes are filled to capacity and in consideration of Baby & Me participants, we ask that no siblings be brought to Baby & Me classes.

I give permission to use photographs of my child and myself for use on the Zale facebook page.

I give permission for my name, telephone number and email address to be included in the class list that will be distributed.

Signature (Parent or Guardian): _____ Date: _____