

BABY & ME PROGRAM REGISTRATION 2019-20

Registration also available at levisjcc.org/babyandmereg

Child's Full Name _____ Sex M/F _____ Date of Birth _____
 (Last Name) (First Name)

Parent #1 Last Name _____ First Name _____

Address _____ City _____ State _____ Zip Code _____

Cell Ph _____ Home Ph _____ Email _____

Parent #2 Last Name _____ First Name _____

Address _____ City _____ State _____ Zip Code _____

Cell Ph _____ Home Ph _____ Email _____

Are both parents living? ☐ Yes ☐ No Are parents separated? ☐ Yes ☐ No Are parents divorced? ☐ Yes ☐ No

Name of Emergency Contact _____ Phone _____

Name of Sibling _____ School Attending _____

Allergies _____

PLEASE INDICATE YOUR CHOICES BELOW

BABY & ME

Bright Beginnings* (birthdates 1/1/19 - 5/31/19)

_____ Tuesday 10:30 - 11:30 am BTBG3702 \$640

Creative Crawlers* (birthdates 9/2/18 - 12/31/18)

_____ Tuesday 12:00 - 1:00 pm CC3703 \$640

Ones are Fun* (birthdates 5/1/18 - 9/1/18)

_____ Tuesday 9:00 - 10:00 am OAF3705 \$640

*Runs week of September 3, 2019 - week of May 21, 2020

Tiny Tots - Spring Session (birthdates 5/1/19 - 9/1/19)

_____ Thursday 11:00 - 11:45 am TT3705 \$360 Runs January 9, 2020 - May 21, 2020

FREE CLASS! BLOOMING BABIES WITH MARIANNE ALTSCHUL, MSW, RYT200 (age birth - 4 months)

This class welcomes the newest members of your family and offers new parents the opportunity to discover the wonders of their amazing newborns while meeting and sharing with others.

In partnership with

WEST BOCA
 Medical Center

_____ Fall Session

6 sessions - September 19 - October 24, 2019

Thursday 1:00 - 2:00 pm FREE

_____ Winter Session

6 sessions - January 23 - February 27, 2020

Thursday 1:00 - 2:00 pm FREE

_____ Spring Session

6 sessions - April 23 - May 28, 2020

Thursday 1:00 - 2:00 pm FREE

TO BE PAID AT TIME OF REGISTRATION

Baby & Me Classes Non-Refundable Registration Fee: \$50

Baby & Me Classes Non-Refundable Placeholder Fee: \$150 applied towards class fee

Please apply to my (check one) ☐ Mastercard ☐ Visa ☐ American Express ☐ Discover Amount _____

Card Number _____ Exp. Date _____ CVV _____ Billing Zip Code _____

Cardholder's Signature _____ Cardholder's Name (print) _____

☐ Check Number _____ Amount _____

I have read the above. I understand the Center's policy on school registration and I agree to be responsible for payment of all fees due the Adolph & Rose Levis Jewish Community Center. I understand that failure to make payments as required will result in termination of service.

Signature (Parent or Guardian): _____ Date: _____

FOR MORE INFORMATION: Contact Adele Fine, 561-852-3233 or adelef@levisjcc.org

Rev 3/19

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, 2019)

_____ Monthly payment by bank draft beginning August 1, 2019 - November 1, 2019 (You must attach a voided check)

_____ Monthly payment by credit/debit card beginning August 1, 2019 - November 1, 2019

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, 2019 - November 1, 2019. 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: _____