

# BABY & ME PROGRAM REGISTRATION 2018-19

Registration also available at [levisjcc.org/babyandmereg](http://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 WITH MISS LINSEY

Bright Beginnings* (birthdates 1/1/18 - 5/31/18)				Ones are Fun* (birthdates 5/1/17 - 9/1/17)			
_____ Tuesday	12:00 - 1:00 pm	BTBG3702	\$640	_____ Tuesday	9:00 - 10:00 am	OAF3705	\$640
Creative Crawlers* (birthdates 9/2/17 - 12/31/17)				Toddler Adventures* (birthdates 1/1/17 - 5/1/17)			
_____ Tuesday	10:30 - 11:30 am	CC3703	\$640	_____ Thursday	9:15 - 10:30 am	TA3700	\$910

\*Runs week of August 27, 2018 - week of May 20, 2019

Tiny Tots - Winter Session (birthdates 5/1/18 - 9/1/18)

\_\_\_\_\_ Thursday 11:00 am - 12:00 pm TT3705 \$380 Runs January 10, 2019 - May 23, 2019

### 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



_____ Fall Session	_____ Spring Session
8 sessions - September 20 - November 8, 2018	8 sessions - January 17 - March 7, 2019
Thursday 1:00 - 2:00 pm FREE	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](mailto:adelef@levisjcc.org)

## 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: \_\_\_\_\_