



Enrichment Registration Form

This form, **ALONG WITH A CURRENT MEDICAL FORM**, is required for class participants who are **not** enrolled in the ECP, CGC, or AH programs.
Two pages (front and back)

PARTICIPANT INFORMATION

Participant's First Name: _____ MI: _____ Last Name: _____

Nickname: _____ Gender: _____ Date of Birth: _____ Home Phone: _____

Address: _____

Town: _____ State: _____ Zip Code: _____ Family E-Mail Address: _____

School (or Program) in September 2016: _____ Grade in September 2016 if applicable: _____

Allergies, Health issues, Medications: _____

FAMILY INFORMATION

	Parent/Guardian 1 (the parent we should contact first)	Parent/Guardian 2
Name		
Cell Phone		
Work Phone		
Occupation/ Place of Business		
Email address		
Date of Birth		

Parents/Guardians are: Married Separated* Divorced* Single Other

*Custodial parent is: Parent 1 Parent 2 Other: _____

About the Registration Process:

Step 1: Reserve your spot in the class by registering with payment online, in person, or by phone.

Step 2: Complete and return the Enrichment Registration and Medical forms including a record of immunizations and a physical exam dating no earlier than 12 months from the last day of class. Updated forms should be submitted if a new physical is conducted during the semester. A copy of the school medical form is acceptable. Medical forms are also available upon online checkout, at the front desk, and on the program pages of our website.

The JCC's licensing agency requires completed forms for all program participants. Failure to turn in these forms may result in a suspension of enrollment until receipt. No refunds will be issued for missed classes due to suspension for missing forms.

EMERGENCY INFORMATION

The following people are authorized to pick up my child when I send written notice or cannot be reached to collect my child myself.

Parent/Guardian Signature: _____ Date: _____

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to Child		
Cell Phone		
Other Phone		

REGISTRATION INFORMATION

- Fall 2016
 Winter/Spring 2017

Name of Class	Day	Time

Signatures Required Below

I give authority to the JCC Staff to obtain necessary medical treatment for my child with the understanding that the family will be notified as soon as possible.

Parent/Guardian Signature: _____ Date: _____

I authorize the JCC to take my child on any outings and trips and to provide transportation during camp outings and trips. (Required for Super Sunday, Saturday/Sunday in the Neighborhood, and Vacation Sensations Plus)

Parent/Guardian Signature: _____ Date: _____

I give permission for photographs of my child to be used for publicity or promotion of JCC programs.

Parent/Guardian Signature: _____ Date: _____