

School's Out - Public School 2016-2017

Primary Participant Information

Name: _____ Gender: Male Female Date of Birth: _____
(first) (last) mm/dd/yyyy

Address: _____ City: _____ Postal Code: _____

Phone #: _____ E-mail Address: _____

Allergies, Mobility, or other Health Info: _____

I give permission to the MNjcc to use photographs and/or video of this participant in MNjcc programs for documentation purposes and in promotional materials: YES NO

Secondary Participant Information (if applicable)

Name: _____ Gender: Male Female Date of Birth: _____
(first) (last) mm/dd/yyyy

Address: _____ City: _____ Postal Code: _____

Phone Number: _____ E-mail Address: _____

Allergies, Mobility, or other Health Info: _____

I give permission to the MNjcc to use photographs and/or video of this participant in MNjcc programs for documentation purposes and in promotional materials: YES NO

Parent/Guardian Information

Primary Guardian Name: _____ Relationship to Participant: _____
(first) (last)

Authorized to pick up: Phone #: _____ E-mail: _____

Secondary Guardian Name: _____ Relationship to Participant: _____
(first) (last)

Authorized to pick up: Phone #: _____ E-mail: _____

Date	Times	1st Participant	2nd+ Participant	Extended Care * per Participant
October 7, 2016	9:00 am - 4:00 pm	X \$50.00	X \$35.00	X \$10.00
November 18, 2016	9:00 am - 4:00 pm	X \$50.00	X \$35.00	X \$10.00
December 2, 2016	9:00 am - 4:00 pm	X \$50.00	X \$35.00	X \$10.00
January 20, 2017	9:00 am - 4:00 pm	X \$50.00	X \$35.00	X \$10.00
February 17, 2017	9:00 am - 4:00 pm	X \$50.00	X \$35.00	X \$10.00
June 9, 2017	9:00 am - 4:00 pm	X \$50.00	X \$35.00	X \$10.00
Sub-Total:			+	+
Total:				=

* Extended Care is from 8:30 am to 9:00 am (free) and 4:00 to 6:00 pm (\$10 per participant)
 Fees are subject to a 2% Capital Improvement Fee

Payment Information

Credit Card: Visa MasterCard Name on Card: _____

Credit Card Number: _____ Exp: _____ Signature: _____

Program Specific Policies

REFUND POLICY: Due to the limited number of spots available in the School's Out program, we are unable to offer refunds once you have enrolled.

PROGRAM POLICY: The Miles Nadal JCC reserves the right to add or delete activities from the program based on the interests of participants and instructor availability.

DISMISSAL POLICY: The Miles Nadal JCC reserves the right to terminate the registration of any participant if, in the opinion of the Director, it is in the best interests of the child or the program. In this situation the Director will determine if any refund will be given.

I have read and accept the MNjcc School's Out policies. I affirm that all information that I have provided on this form is true and correct.

No application will be processed unless it has been fully completed. Please ensure that all information has been provided.

Signature of Parent/Guardian

Date

Office Use Only:

Data Received: _____ Date Processed: _____

Participant 1 Member #: _____ Participant 1 Adjustments: _____

Participant 2 Member #: _____ Participant 2 Adjustments: _____