

Early Childhood Education **Registration**

Membership # _____

For office use

Date of admission _____

Child

Last name _____ First name _____

☐ M ☐ F Date of birth (M/D/Y) _____

Address _____ City _____ State _____ ZIP _____

Home phone _____ Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Racial background (please select all that apply) ☐ American Indian or Alaska Native ☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander ☐ White

Parent or Guardian #1

Last name _____ First name _____

☐ Father ☐ Mother ☐ Guardian

Address _____ City _____ State _____ ZIP _____

Phone numbers (H) _____ (W) _____ (C) _____

E-mail address _____

Place of employment _____

Parent or Guardian #2

Last name _____ First name _____

☐ Father ☐ Mother ☐ Guardian

Address _____ City _____ State _____ ZIP _____

Phone numbers (H) _____ (W) _____ (C) _____

E-mail address _____

Place of employment _____

☐ Child full-time in ECE

☐ Child part-time in ECE (does not apply to infants, toddlers or twos)

I hereby give my consent for the named child to be admitted to the designated JCC program. I understand that acceptance is at the discretion of the JCC. I will not hold any personnel associated with the designated JCC program liable for any injury whatsoever my child may sustain in the activities thereof. I authorize JCC staff to secure first aid and/or the services of any legally qualified physician or hospital and agree to assume all financial obligations connected therewith.

Signature of parent or guardian

Date

Arthur M. Glick JCC | 6701 Hoover Road | Indianapolis, IN 46260 | 317-251-9467 | Fax 317-251-9493

JCC Indianapolis is a non-profit affiliated agency of the Jewish Federation of Greater Indianapolis, Inc. and Jewish Community Centers Association of North America.