MID-ISLAND Y JCC

Registration Form

PLEASE PRINT CLEARLY

45 Manetto Hill Road • Plainview, NY 11803
(516) 822-3535 • FAX (516) 822-3288 • www.miyjcc.org

Registrant's Name: _____ Member I.D. #: _____

Parent's First Name: _____ Birthdate: _____ Age: _____ Grade: _____

Address: _____ Home Phone: _____

Town/Zip: _____ Work/Cell Phone: _____

Emergency Name/Phone: _____

E-mail Address: _____ I would like to receive the JCC Cyberflyer. Y__ N__

Class Name: _____ Class Code (listed in *Brochure*): _____

Class Day/Time: _____ 2nd Choice Class: _____

Page in *Brochure*: _____ Class Fee: _____ List any allergies: _____

Daycare Hours Required (Grades K-6 Only): From _____ to _____.

Credit Card No.: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Expiration Date:

FOR ACCOUNTING USE ONLY

Member Fee: _____ *Date Paid:* _____

Non-Member Fee: _____ *Check No.:* _____ *Transaction No.:*

Accounting Code: _____ *Received by:* _____

CLASS REGISTRATION GIVES THE JCC THE RIGHT TO TAKE PHOTOS OF ALL PARTICIPANTS FOR PUBLICITY PURPOSES, INCLUDING THE WEBSITE.