

registration form

Office use only
 Date Received _____
 Date Received _____
 Class Section # _____

SPRING 2010 Registration Form

To register by mail, detach, complete and return this form with your payment. All classes meet minimum enrollment requirements. The JCCRI reserves the right to cancel any activity due to insufficient enrollment. All classes are available to members and non-members alike. BY MAIL: Send form with check, credit card info, or money order to:

Jewish Community Center of Rhode Island 401 Elm Grove Avenue Providence, RI 02906
 BY FAX: Fax form to: 401-861-8806 (credit card only) ONLINE: You can also register online at www.jccri.org

Registrations received after the first class date will be assessed a \$25 late fee

FAMILY NAME _____ HOME PHONE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PARENT 1 _____ DAY PHONE _____ E-MAIL _____
 PARENT 2 _____ DAY PHONE _____ E-MAIL _____

EMERGENCY OR ALLERGY INFORMATION _____

JCCRI MEMBER ACCOUNT NUMBER _____ (membership must be current)

NON-MEMBER: THERE IS A \$20 ANNUAL NON-MEMBER CLASS PROCESSING FEE PER PARTICIPANT

For between class escort service, please call Heidi Lebrón at 401-861-8800 ext. 146

Participant Info	Course Name	ID	DAY	TIME	FEE
Name: 1					\$
Sex	Age				\$
Date of Birth					\$
Grade					\$
School					\$
Name: 2					\$
Sex	Age				\$
Date of Birth					\$
Grade					\$
School					\$
Name: 3					\$
Sex	Age				\$
Date of Birth					\$
Grade					\$
School					\$
Name: 4					\$
Sex	Age				\$
Date of Birth					\$
Grade					\$
School					\$
IF REGISTERING AFTER FIRST DAY OF CLASS, ADD \$25 LATE FEE					
FOR RI REHABILITATION CLASSES AT THE Y, PLEASE MAKE CHECK PAYABLE TO "RI REHABILITATION"					
CLASS TOTAL					\$
NON-MEMBER \$20 ANNUAL PROCESSING FEE (PER PARTICIPANT)					\$
TOTAL PAYMENT					\$

PAYMENT INFORMATION () Check enclosed

() Charge to Visa/MasterCard/Discover Number _____ Exp. ____/____
 Name on Card: _____ Zip: _____ 3-digit Security Code: _____

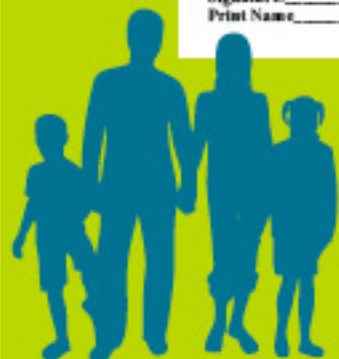
Please read and sign below.

Donor's children are participating in programs and activities at the JCCRI. We understand the policies, rules, and regulations of this institution and agree to abide by them.

Donor gives permission for the JCCRI to use names and photographs/images of our family to publicize the JCCRI and its programs for use for profit purposes. I/We agree to hold harmless and release the JCCRI, its officers, Directors, volunteers and employees for any injury (including family injury) that may occur while participating in any JCCRI activity, and for any loss or theft of personal property on JCCRI premises.

Signature: _____ Date _____

Print Name: _____



401 Elm Grove Avenue
 Providence, Rhode Island
 (401) 861-8800
 All Welcome!