

OLAM YELADIM REGISTRATION 2006-07

(This form is used by office in case of emergency; please carefully *print* information as highlighted):

Child's Name _____		School _____	Grade 06-07 _____
Parent/Guardian Name _____		Relationship _____	
Home Address _____		Zip _____	
() _____	() _____	() _____	() _____
Home Phone	Work Phone	Extension	Cell Phone/Pager
Parent/Guardian Name _____		Relationship _____	
Home Address _____		Zip _____	
() _____	() _____	() _____	() _____
Home Phone	Work Phone	Extension	Cell Phone/Pager

Hours/Days Registered:

Monthly OY Tuition: \$ _____

Monthly Van Tuition: \$ _____

JCC Association Fee: \$ _____

Registration Fee: \$ _____

Deposit: \$ _____

TOTAL DUE \$ _____

Specify hours and mark "x" for each applicable day:	M	T*	W	R*	F

*Religious School Option: T ___ R ___ Sinai ___ TBA ___

JCC Use Only:

Date _____ Effective _____	Date _____ Effective _____
M _____ T _____ W _____	M _____ T _____ W _____
R _____ F _____	R _____ F _____
OY Fees _____	OY Fees _____
Van Fees _____	Van Fees _____
Input: OY Reg ___ OY By School ___ Mem. Trans. ___ Calculations:	Input: OY Reg ___ OY By School ___ Mem. Trans. ___