



EARLY MORNING DROP-OFF REGISTRATION FORM

Please prepare one form **per family**

Registration Date: _____

Child(ren)'s Name(s): _____ Grade(s): _____
(Please print)

Parent(s)' Name(s): _____

Cell Phone Numbers: _____

I wish to enroll my child(ren) in the Early Morning Drop-Off Program at the OJCS. I acknowledge that the fee for Early Morning Drop-Off is \$4.00 per day, per child. I acknowledge that I will be charged on a monthly basis based upon the actual number of days used (no additional credit charges will be applied).

Hours: Early Morning Care runs from: 7:30 am - 8:30 am

Credit Card Authorization Form

- If you prefer to provide credit card information over the phone, please call Emily Jiang at (613) 722-0020 ext 350

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			

I, _____, authorize the Ottawa Jewish Community School to charge my credit card (above) for the agreed upon early morning drop-off service rendered. I understand that my information will be saved on file for future transactions on my account.

Parent signature: _____ Date: _____