



EARLY MORNING / AFTER CARE DROP-OFF REGISTRATION FORM

Please prepare one form per family

Registration Date: _____

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

Parent(s) Name(s): _____

Cellphone Numbers: _____

I wish to enroll my child 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 (No drop off after 8:20 am)

Credit Card Authorization Form

- if you wish to provide credit card information over the phone, please call Ellie Kamil at 613-722-0020 ext. 1

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): _____ Three Digit Security Code: _____ Postal Code of Cardholder: _____	

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

Parent signature: _____ Date: _____