



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 at the OJCS. I acknowledge that the fee for Early Morning Drop-Off is \$5.00 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 start time: 7:30 am

Credit Card Authorization Form

- if you wish 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): _____			
Cardholder Address & Postal code: _____			
Card Number: _____			
Security Code (on the back): _____			
Expiration Date (mm/yy): _____			

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

Parent signature: _____ Date: _____