



Ottawa Jewish Community School

Established in 1949 as Hillel Academy

EARLY MORNING CARE REGISTRATION FORM

*Please prepare one form **per family***

Registration Date: _____

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

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

***if you wish to provide credit card information over the phone,
please contact our finance department at 613-722-0020 ext. 344 or emc@theojcs.ca***

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ AMEX
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: _____