



NSJCC Program Registration Form

Please complete a separate form for each participant

Participant Information:

Name _____

Age at Start of Program (if under 18) _____

Street Address _____

City, State and Zip Code _____

Home Phone _____

Parent Name _____

Parent Cell Phone _____ Email _____

Parent Name _____

Parent Cell Phone _____ Email _____

Program Information:

Program Title _____

Day/Time of Program: _____ Session (if applicable) _____

Program Fee \$ _____

Amount Paid \$ _____ Cash Check # _____ Credit Card

Card Number _____ Expiration Date _____

Name on Card _____ Signature _____

Please check the following boxes:

I understand that the NSJCC reserves the right to make schedule changes or cancel classes due to low enrollment.

I understand that full payment is due upon registration.

Optional: I give permission to use any and all photographs or video in which my child may appear for publicity, promotion, and advertising on behalf of the NSJCC.

Parent Signature _____