

NSJCC KID'S SPACE AFTERSCHOOL PROGRAM
REGISTRATION FORM

Return with deposit to NSJCC, 83 Pine Street, Peabody, MA, 01960

Child's Name _____

School _____ Grade _____ D.O.B. _____

Address _____

City/Zip _____ Phone () _____

Parent Name _____ Parent Name _____

Email _____

Member Non-Member Start Date _____

Transportation Arrangements _____

I would like the convenience of automatic deduction from my checking account (EFT) for my monthly payments.

I will pay the tuition in full by August 1, _____, and receive a 3% discount.

I will make monthly payments, which are due on the first day of each month, to be paid one month in advance.

I would like the convenience of automatic charge to my credit card for my monthly tuition payments.

Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____

\$ 150 non-refundable deposit is required with registration

\$ 50 for each sibling

Parent/Guardian Signature

For Office Use Only: Date Rec'd _____ Deposit Date _____ Amount \$ _____ Ent. By: _____