

Kushner Late Day Registration

Child's Information:

Child #1:

First name: _____ Last name: _____ Grade: _____

Child #2:

First name: _____ Last name: _____ Grade: _____

Child #3:

First name: _____ Last name: _____ Grade: _____

Child #4:

First name: _____ Last name: _____ Grade: _____

Address: _____

Mom Cell: _____ Mom Email: _____

Dad Cell: _____ Dad Email: _____

In case of emergency, if a parent is not available, JKHA can call:

Name _____ Name _____

Phone _____ Phone _____

Relationship _____ Relationship _____

Circle the correct month:

Pricing per child Monday-Thursday

\$205/month: October ----- January ---- April ----- June

\$270/month: September—November ---- December ---- February ---- March ---- May

I understand that Kushner Club ends promptly at 5:00pm Monday-Thursday. I have made necessary emergency pick-up arrangements in the event that I am delayed. I agree that I will be charged **\$5.00 per minute per child for any time he/she remains after 5:00pm.**

Signature

Date

Please return completed form to:

Joseph Kushner Hebrew Academy

110 South Orange Avenue

Livingston, NJ 07039

ATTN: Kushner Late Day - Lower School

Or email bwong@jkha.org "Kushner Late Day" in the subject

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PAYMENT OPTION FORM

Last name: _____

Parent name(s): _____

Child(ren) Name(s): _____

Home address: _____

Phone number: _____

City: _____ State: _____ Zip: _____

Kushner Club fees can be paid by choosing one of the following:

Option 1: Monthly Credit Card

Your credit card will be charged on the first of each month. Credit card users will incur a **2.75% additional fee.**

Circle one:

____ Visa AMEX MasterCard

Number: _____ Exp. Date: _____

Name on card: _____ Signature: _____

Card Security Code: _____

Date: _____

Option 2: Check

Make checks payable to: ***Joseph Kushner Hebrew Academy***

Memo: ***Kushner Late Day***

