

Jewish Community Center of Greater Columbus

1125 College Ave. Columbus, Ohio 43209

2008 Fall/ Winter After School Classes Registration Form

Child's Name _____ Gender _____
 Last First Middle
 DOB ____/____/____ Grade _____
 Address _____ Home Phone _____
 Street Zip Code
 Parent's Name (*First & Last*) _____ Day Phone _____
 Cell Phone _____ Home Phone _____ E-Mail _____
 Parent's Name (*First & Last*) _____ Day Phone _____
 Cell Phone _____ Home Phone _____ E-Mail _____
 Membership # (required for billing purposes) _____

Name of Class	Member Yes/No	Fees

Payment Options

total fees _____

Check # _____

Visa Mastercard Name on card _____

Card Number _____ Expiration Date _____ VIN # _____

Signature _____ Date _____