

J-CARE PLUS REGISTRATION FORM

PLEASE PRINT CLEARLY AND COMPLETE A SEPARATE REGISTRATION FORM FOR EACH FAMILY
(Registration can also be found online at tucsonjcc.org/j-care-plus)

STUDENT INFO

1. Full Name _____

Birthdate _____ Gender _____ Grade (Fall '20) _____

School Attending: _____

FAMILY INFO

Parent/Guardian 1 _____

Address _____

City/State/Zip _____

Home# _____ - _____ - _____ Other# _____ - _____ - _____

Email _____

Parent/Guardian 2 _____

Address _____

City/State/Zip _____

Home# _____ - _____ - _____ Other# _____ - _____ - _____

Email _____

- My child has a sibling enrolled in J-Care Plus or ECE
 I qualify for financial aid and have already completed the paperwork necessary

PAYMENT INFO

September 1 - 30 Full-Day - \$650 PM Only - \$325

CREDIT CARD CHECK CARD ON FILE Confirm Last 4 digits: _____

Full Name (as appears on credit card) _____

Address _____

City/State/Zip _____

Credit Card # _____

Security code _____ Exp. Date _____



As a parent and/or guardian, I assume all risks (injury or illness) for my children and family members that may occur during participation in any activities or use of facilities at The J. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required the time for my child's health and safety. I hereby give permission for J personnel to use their judgment in arranging for my child's emergency medical treatment in addition to contacting me to the best of their ability. I certify that my child is fully covered by medical insurance and that I am fully responsible for all costs incurred due to medical or dental treatment as deemed necessary by J personnel. I authorize staff to apply sunscreen to avoid sunburn. I give permission for my child to swim in The J pool and for photographs to be taken and used privately and/or in J publications and advertising.

_____ Date _____

Signature (parent or legal guardian)