

KAPLEN JCC ON THE PALISADES CLASS REGISTRATION FORM

May be used for in-person or mail-in registration

411 East Clinton Avenue | Tenafly, New Jersey | 07670 | Phone: 201.569.7900 | Fax: 201.569.7448 | www.jccotp.org

PLEASE PRINT CLEARLY. ALL INFORMATION IS REQUIRED FOR PROCESSING.

CHECK HERE IF NEW ADDRESS

Account #: _____ Circle: Dr. | Rabbi | Mr. | Mrs. | Ms.

CHECK HERE IF NONMEMBER

Name _____ *E-Mail Address _____

(Required)

Address _____ Day Phone _____

City _____ State _____ Zip _____ Evening Phone _____

• To pay by credit card, fill out the credit card information below.

• To pay by check or money order, please make it payable to JCC and mail to 411 East Clinton Ave, Tenafly, NJ 07670 Attn: Registrar

Paying by (check ONE only): Credit Card (Visa/MC/Amex) Check · Amount \$ _____

Credit Card Number _____ Exp. Date Number _____ CCV Number _____

Signature _____

Participant Name _____ Date of Birth (of child) _____ M F Nursery Rm _____

Class/Program	Day of Week	Time	Fee	Class Code

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The Kaplen JCC on the Palisades reserves the right to use all photographs, slides and videos taken of all individuals while participating in JCC programs for any and all publicity purposes. If you wish to not have any family member's photo included you must submit a written letter to the JCC stating this along with a photo of the individual/s this concerns. Please address all correspondence to the Communications Department.

"Membership Clearance" stamp will be given on completed forms only and is required for processing.