

**JCYS Lakeview Family Center**  
**957 W. Grace St., Chicago, IL 60613, (773) 281-2533**  
**Registration Form**

*Please read and complete this form carefully in black ink and return it to the office at the above address.*

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Ph.# (\_\_\_\_) \_\_\_\_\_  
Cell Ph# (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Ph.# (\_\_\_\_) \_\_\_\_\_  
Cell Ph# (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Program: Please check one.**

- Preschool: 2-5 years
  
- Sunflower Day Camp: 2-5 years
  
- After school Program: K-6<sup>th</sup> grade  
Name of School: \_\_\_\_\_ Grade: K 1 2 3 4 5 6
  
- Big City Day Camp: K-6<sup>th</sup> grade  
Name of School: \_\_\_\_\_ Grade: K 1 2 3 4 5 6

I would like to apply for financial assistance: \_\_\_\_ Yes \_\_\_\_ No

**Billing Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St., Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Parent or Guardian Consent:**

I request that my child be admitted to the Jewish Council for Youth Services Lakeview Family Center.  
I understand that fees may be subject to change given 30 days notice.  
I understand that program participants may be asked to have a personal interview with the center director.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon receipt of this form additional registration information will be sent to you.