



EARLY MORNING DROP-OFF (EMDO) REGISTRATION FORM

*Please prepare one form **per family** for 2024/25 SY*

Registration Date: _____

Child (ren)'s Name: _____ Grade: _____ (Please print)

Parent(s) Name(s): _____

Cellphone Numbers: _____

I wish to enroll my child in the Early Morning Drop-Off at the OJCS. I acknowledge that the fee for Early Morning Drop-Off is \$5.00 per day per child. I acknowledge that I will be charged monthly based on the actual number of days used. (No additional credit charges will be applied.) Hours: Early Morning start time: 7:30 am

Credit Card Authorization Form

- if you wish to provide credit card information over the phone, please call Elena Ivanova at (613) 722-0020 ext. 344

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Cardholder Address & Postal code: _____
Card Number: _____
Security Code (on the back): _____
Expiration Date (mm/yy): _____

I, _____, authorize Ottawa Jewish Community School to charge my credit card above for the agreed upon early morning drop-off service rendered. I understand that my information will be saved to file for future transactions on my account.

Parent signature: _____ Date: _____