

**Joseph and Florence Mandel Jewish Day School  
AFTER SCHOOL ACTIVITIES  
SIGN-UP SHEET**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Activity \_\_\_\_\_ Amount Paid \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Activity \_\_\_\_\_ Amount Paid \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Activity \_\_\_\_\_ Amount Paid \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Activity \_\_\_\_\_ Amount Paid \_\_\_\_\_

**Payment by cash, check or credit card must accompany this registration form.**

Check                       Cash                       Mastercard                       Visa

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_