

SCHOOL BUS

2011-12 Mid-Island Y JCC

JCC Hebrew School Shuttle

**The Mid-Island Y JCC's certified bus drivers
will pick up your child from school* and bring
him/her to their Hebrew school.**

1 Day per Week - \$380**

2 Days per Week - \$680**

***All Plainview Schools and H.B. Thompson & Baylis in
Syosset (call for other schools). Minimum registration
per school required. You will be notified by the beginning
of August if we are unable to accommodate you.**

**Shuttle is available to members of Mid-Island Y JCC,
Manetto Hill Jewish Center, Midway Jewish Center,
North Shore Synagogue, Plainview Jewish Center,
Temple Beth Elohim, Temple Chaverim
and Woodbury Jewish Center.**

**MINIMUM REGISTRATION
PER HEBREW SCHOOL REQUIRED**

**When there is a half day of school in the Plainview School District
students are required to participate in the Mid-Island Y JCC half-day
program in order to use the Hebrew School Shuttle on those days.
Students attending the Syosset School District,
please call for more information about half days.**

****Fee is based on one-way transportation for one child.
Families registering two children will receive a 10%
discount off of the total fee. Each additional child - no charge.**

**For more information contact Janet Siegel at the JCC, 45 Manetto Hill Road,
Plainview, NY (516) 822-3535, x343. For more about the JCC,
visit us on the web at www.miyjcc.org.**



MID-ISLAND Y JCC
2011/12 HEBREW SCHOOL SHUTTLE APPLICATION

FAMILY NAME: _____ CHILD'S NAME: _____

ADDRESS: _____ TOWN, ZIP: _____

HOME PHONE: _____ DATE OF BIRTH: _____ GRADE: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

WORK PHONE: _____ WORK PHONE: _____

CELLPHONE/BEEPER: _____ CELLPHONE/BEEPER: _____

EMERGENCY NAME AND NUMBER: _____

PUBLIC SCHOOL ATTENDING: _____

HEBREW SCHOOL ATTENDING: _____

SESSION: INDICATE DAY(S) SHUTTLE NEEDED FOR HEBREW SCHOOL

M____ T____ W____ TH____

INDICATE # OF DAYS: ONE - \$380* _____ TWO - \$680* _____

*Fee is based on one-way transportation for one child. Families registering two children will receive a 10% discount off of the total fee. Each additional child - no charge.

MIDWAY JEWISH CENTER SUPPLEMENTAL 12 DAYS PER YEAR - \$140 _____

M____ or TH____

PAYMENT METHOD (CHECK ONE): FULL PAYMENT REQUIRED

Check (payable to Mid-Island Y JCC) _____ Money Order _____

Discover Card _____ MasterCard _____ Visa _____

Account Number _____ Exp. Date _____

Amount of Payment _____

PARENT'S SIGNATURE: _____

DATE: _____