

JACK 'N' JILL
CHILD CARE CENTERS



Over "65" Years of Caring
NAEYC Accredited Programs

Jack 'n' Jill Child Care Registration Form

Date: _____

School Year _____

Name of Child _____

Date of Birth _____

Address _____ City _____

State _____ Zip _____ Tele _____

E-mail Address #1: _____ Alternative E-mail Address: _____

Name of Mother _____
(Guardian)

Name of Father _____
(Guardian)

How did you hear about us? _____

Number of days per week for enrollment 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Circle the days of the week child will attend Monday Tuesday Wednesday Thursday Friday

I will bring my child to school about _____ a.m.

I will pick up my child at about _____ p.m.

List below any agency or services that your child is currently involved with.

Agency Name: _____ Agency Telephone #: _____

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A \$50.00 (non re-fundable) Registration Fee must accompany this form to secure a childcare slot.
A \$25.00 Annual Enrichment Fee will be charged to your account in September.

Amount Paid \$ _____ (circle) Cash Check # _____

Parent Signature _____ Date: _____

For school use only:

Start Date: _____ Private _____ Voucher _____ CPC _____ Other _____

OCCS Forms Collected: _____ Yes / _____ No Immunizations Collected _____ Yes / _____ No

Approved by: _____ Date: _____

Comments _____