

Jack 'n' Jill Child Care Registration Form



Registration Date _____ Enrollment Date _____

Name of Child _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Tele _____

E-mail #1 _____ E-mail #2 _____

Name of Mother / Guardian _____

Name of Father / Guardian _____

Child's Primary Language _____ Parent's Primary Language _____

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

Center Program _____ Infant _____ Toddler _____ PS/Pre-K _____ Kind _____ BS _____ AS

I will drop off at _____ a.m. I will pick up at _____ p.m.

List and provide documentation for any agencies, general and/or healthcare services or court orders

Agency Name _____ Agency Telephone # _____

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Initial Registration Fee / \$75.00 (non- refundable) is to be paid via on-line payment to secure a slot.

Annual Enrollment Fee / \$50.00 (charged to your account in October)

Amount Paid \$ _____

On-line Payment

Parent Signature: _____

Date: _____

For Administration use only:

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

EEC Forms Collected: _____ Yes _____ No Court Orders Collected _____ Yes _____ No Immunizations: _____

Approved by: _____

Date: _____

Comments _____