

HOW DID YOU HEAR ABOUT US? _____

\$100 Fee



EMAIL:
(to receive Parent Handbook)

APPLICATION FOR ENROLLMENT

Date: _____

CHILD (REN) NEEDING CARE:

1. Name _____ Birth Date ____/____/____
Last First Middle
2. Name _____ Birth Date ____/____/____
GENDER: M or F RACE _____ (OPTIONAL)

Date Care Needed: 1. ____/____/____ 2. ____/____/____ **Registration expires 30 days from date care needed**
SPECIAL NEEDS OF CHILD (REN): (Physical Disability, Hearing or Vision Failure, Diet, Etc.) _____

ARRIVAL TIME: _____ PICK-UP TIME: _____

MOTHER'S NAME: _____ HOME PHONE: _____
Email: _____ Cell Phone: _____
ADDRESS: _____ SS# _____
City State Zip

EMPLOYER: _____ PHONE: _____
EMP. ADDRESS: _____ WORK HRS: _____

FATHER'S NAME: _____ HOME PHONE: _____
Email: _____ Cell Phone: _____
ADDRESS: _____ SS# _____
City State Zip

EMPLOYER: _____ PHONE: _____
EMP. ADDRESS: _____ WORK HRS: _____

MARITAL STATUS OF PARENTS: _____

PERSON TO NOTIFY IN CASE OF ILLNESS OR EMERGENCY (Other than Parent)

Name: _____ Relationship: _____
Address: _____ Phone: _____

Have you ever attended another Just Children Child Care Center and if so which one? _____

REFERRED BY: _____

*The Registration Deposit of \$100.00 is non-refundable. All tuition payments are due as shown on the tuition rate sheet. **NO REFUNDS** will be made for days missed due to snow, vacation, holidays or illness. The full tuition is payable for each week that your child is enrolled.
6/5/2018

DIRECTOR'S SIGNATURE

PARENT SIGNATURE

For Official Use Only

Tuition: _____ Full Day: _____ Half Day: _____ Class Enrolled _____
Registration Fee Paid: \$ _____ Date _____ Key # _____ Location: _____