

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

\$100 Fee

7/2020



**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.

\_\_\_\_\_  
DIRECTOR'S SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE

**For Official Use Only**

Tuition: \_\_\_\_\_ Full Day: \_\_\_\_\_ Half Day: \_\_\_\_\_ Class Enrolled \_\_\_\_\_

Registration Fee Paid: \$ \_\_\_\_\_ Date \_\_\_\_\_ Key # \_\_\_\_\_ Location: \_\_\_\_\_