

APPLICATION FOR ENROLLMENT

EMAIL:	
(to receive Parent Handbook))

RE:			Date		
	•) (* 1.11.	Birth Date	_/	_/
F	irst	Middle	Birth Date	_/	_/
IDED. M	om IT				

CHILD (REN) NEE	DING CARE:				
1. Name					Birth Date/
	Last	First		Middle	
2. Name					Birth Date/
	GENDE	R: M or F			
SPECIAL NEEDS O	F CHILD (REN)	: (Physical Disability,	Hearin	g or Vision Fa	Registration expires 30 days from date care needed ailure, Diet, Etc.)
ARRIVAL TIME:					PICK-UP TIME:
MOTHER'S NAM	ИЕ:			H	IOME PHONE:
Email:				Cel	ll Phone:
ADDRESS:					SS#
EMDLOVED.			ity		1
EMPLOYER: EMP. ADDRESS:					
EMF. ADDRESS					work пкз
FATHER'S NAM	E:			1	HOME PHONE:
Email:					ell Phone:
ADDRESS:					SS#
EMDI OVED.			ity		
EMPLOYER:EMP. ADDRESS:					
EMF. ADDRESS					WORK HRS
MARITAL STAT	US OF PARE	ENTS:			
				OR EMI	ERGENCY (Other than Parent)
Name:			_		Relationship:
Name:Address:]	Phone:
Have you ever atter	nded another Ju	st Children Chil	d Car	e Center a	nd if so which one?
REFERRED BY:_				·	
*The Registration Deposi missed, i.e. snow, vacatio					on the tuition rate sheet. <u>NO REFUNDS</u> will be made for days ek your child is enrolled.
DII	RECTOR'S SIGN	ATURE			PARENT SIGNATURE

DIRECTO	R'S SIGNATURE		PARENT SIGNATURE	
For Official Use Only Tuition: Fu	ll Dav:	Half Dav:	Class Enrolled	
Registration Fee Paid: \$	Date	Key #	Location:	