

Jack 'n' Jill Child Care Registration Form



Registration Date _____

Requested Enrollment Date _____

Name of Child _____

Date of Birth _____

Address _____

City _____

State _____ Zip _____

Tel # _____

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? _____

Circle the 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

Circle the program your child will attend Infant Toddler PS Pre-K ½ Day PS

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

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

Agency Name _____ Agency Telephone # _____

Agency Name _____ Agency Telephone # _____

Required Registration Fee - \$75.00 – Non Refundable (JNJ accounting office will email link for payment)

A completed, submitted and paid registration is required to be placed on a waitlist. This does not guarantee availability, however does secure the next available slot. JNJ will make every effort to meet the days and program request that have been selected on this form. We ask that you call the center periodically in order to check the status of where you are on the list.

Parent Signature: _____ Date: _____

For Administration use only

Start Date _____ **Reg Fee Collected** ___ Yes ___ No

EEC Forms: ___ Yes ___ No **Immunizations:** ___ Yes ___ No **Court Orders:** ___ Yes ___ No

Approved by _____ Date _____

Comments _____