

# Jenkins ECLC Full Day Programming 2016-2017 Registration

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a resident of Dexter Community Schools district? \_\_\_\_\_

Are you a DCS full time staff member? \_\_\_\_\_ Building/Department \_\_\_\_\_

I am registering my child for Full Day Childcare:

\_\_\_\_\_ Full week (Four or Five Days)

\_\_\_\_\_ Daily (Circle days\*) **M T W TH F** Estimated Schedule \_\_\_\_am - \_\_\_\_pm

\_\_\_\_\_ Ten Months (Aug 29, 2016-June 16, 2017- No school December 23-Jan 2, plus posted holidays)  
This is a 42 week schedule.

\_\_\_\_\_ Full Year (Aug 29, 2016-Aug 18, 2017- No School Dec 23-Jan 2, July 3-7, and Aug 21-24,  
plus posted holidays) This is a 49 week schedule.

\_\_\_\_\_ My child is proficiently potty trained. (A requirement for 3 and 4 year old classrooms.)

Parent 1/Legal Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent 2/Legal Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Lives with: Parent 1 \_\_\_\_ Parent 2 \_\_\_\_ Both \_\_\_\_

Parent's Email Address \_\_\_\_\_

Child will begin attending beginning \_\_\_\_ August 29, 2015 \_\_\_\_ Other Date(please list) \_\_\_\_\_

Before your child can begin childcare, you must have turned in to our office:

This registration form, with **\$75 Registration fee**

**Upon Receipt of Registration Packet in July**

\*Health Appraisal Form—signed by physician (with immunization record & health exam)

\*Child Info Record form

\*Child Placement Contract

\*Licensing Note Notification

Payment for First session **due August 15, 2016**

**\*Due by first class, packets will be in Jenkins ECLC office**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_