

# Jenkins ECLC Half Day 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 \_\_\_\_\_

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

I am registering my child for half day preschool September 6, 2016-May 26, 2017:

\_\_\_\_\_ 4's M-F Half day (8:30-11:30am)

\_\_\_\_\_ 4's MWF Half day (8:30-11:30am)

\_\_\_\_\_ 4's M-F Afternoons \* (12:30-3:30 pm)

**\*GSRP ONLY**

\_\_\_\_\_ 3's M & W mornings (8:30-11:30 am)

\_\_\_\_\_ 3's T & TH mornings (8:30-11:30 am)

\_\_\_\_\_ 3/4's M,W,F Afternoons (12:30-3:30pm)

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 \_\_\_\_\_

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 \_\_\_\_\_