

# Jenkins ECLC Half Day 2018-2019 Registration

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ ( ) Male ( ) Female

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP code \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Age on September 1, 2018: \_\_\_\_ years and \_\_\_\_ months

Primary Family Email Address: \_\_\_\_\_

Resident of Dexter Community Schools district? ( ) Yes ( ) No

Are you a DCS full time staff member? ( ) Yes ( ) No If yes, which Building/Department \_\_\_\_\_

I am registering my child for Half Day Preschool September 4, 2018-May 31, 2019:

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

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

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

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

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

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

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

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Lives with: Both ( ) Parent/Guardian 1 ( ) Parent/Guardian 2 ( )

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

- This registration form, with **\$75 Registration fee (Non-refundable)**
- **Completed Registration Packet (Mailed to you in July) by August 15, 2018**
- First payment is **due August 15, 2018**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*A confirmation email will be sent by April 6 or within one week of receipt of this form after 4/6/18.

For office use only:

Received by: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmation sent by: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ CN# \_\_\_\_\_

NUMBER: \_\_\_\_\_

Reg. FEE: \_\_\_\_ check/cash \_\_\_\_ CC