

Jenkins ECLC Full Day Programming 2019-2020 Registration

Child's Last Name _____ First Name _____ () Male () Female

Street Address _____ City _____ ZIP code _____

Birthdate ____/____/____ Child's Age on September 1, 2019: ____ year(s) and ____ month(s)

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 Full Day Childcare: *One day is up to ten hours of care between 7 am and 6 pm

() Infant () Older Infant () Toddler () Young 3's* () Preschool 3 () Preschool 4

*Young 3's students must be 2 years 6 months by August 26, 2019. No potty-training requirement for this classroom. This is a proposed new class that we will run if interest allows. Maximum teacher/student ratio for this class is 1:8

_____ Full week (Four or Five Days) Estimated Schedule* ____ am - ____ pm

_____ Daily (Circle days - 2 day minimum) M T W TH F Estimated Schedule* ____ am - ____ pm

_____ Ten Months (Aug 26, 2019-June 12, 2020: No school December 23-Jan 1 plus posted holidays) 41-week schedule

_____ Full Year (Aug 26, 2019-Aug 21, 2020: No School Dec 23-Jan 1, June 29-July 3, and Aug 24-28, plus posted holidays) 50-week schedule

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

Child will begin attending beginning () August 26, 2019 () Other Date (please list) _____

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 1, 2019**
- The first payment is **due August 15, 2019**

Parent/Guardian Signature _____ Date _____

*A confirmation email will be sent by April 12 or within one week of receipt of this form after 4/12/19

For office use only:

Received by: _____ Date received: ____/____/____

Confirmation sent by: _____ on ____/____/____ CN# _____

NUMBER: _____

Reg. FEE: ____ check/cash ____ CC