

Jenkins ECLC Half Day 2019-2020 Registration

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

Street Address _____ City _____ ZIP code _____

Birthdate ____/____/____ Child's Age on September 1, 2019: ____ 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 3, 2019-May 29, 2020:

_____ 4's M-F Mornings (8:30-11:30 am) _____ 3's M & W Mornings (8:30-11:30 am)

_____ 4's MWF Mornings (8:30-11:30 am) _____ 3's T & TH Mornings (8:30-11:30 am)

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

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

We may consider other half-day programming options as well if interest specifies a need. Please indicate if another option (i.e., 4's MWF afternoon, 3's MWF am or pm, 3's M-F) would better meet the needs of your student and your family.

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, 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: ____/____/____ NUMBER: _____
Confirmation sent by: _____ on ____/____/____ CN# _____ Reg. FEE: ____check/cash ____CC