

REGISTRATION FORM

Today's Date _____ Start Date _____

CHILD INFORMATION

Child's Name _____ Sex Male Female

Birth Date (or due date) _____ Days of attendance M T W Th F

Street Address _____ State _____ Zip _____

Will your child have a sibling enrolled? Yes No Name(s) _____

(Please complete a separate enrollment form for each additional child)

PARENT/GUARDIAN INFORMATION

1 PARENT/GUARDIAN #1

Name _____

Main Phone (Cell) _____

Main E-mail _____

2 PARENT/GUARDIAN #2

Name _____

Main Phone (Cell) _____

Main E-mail _____

REGISTRATION FEE

A non-refundable registration fee of \$300 per child ages infant through preschool must accompany this form.

Make checks payable to Jack & Jill

How did you hear about Jack & Jill _____

Name of referring family _____

IMPORTANT NOTE

ENROLLMENT Prior to your child's attendance at Jack & Jill, all enrollment information and a parent contract must be completed, signed, and returned to the office.

X _____
Signature of Parent/Guardian

Date

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

OFFICE USE ONLY

Registration Fee Paid

Enrollment Packet Provided

Date received: _____

Status of transitions: _____

