

**Jacob's Ladder Registration 2017**

Child's Full Name \_\_\_\_\_

Name used at Home \_\_\_\_\_ Male/Female (circle)

Birth Date Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Age as of 9/1/2017 \_\_\_\_\_ Years \_\_\_\_\_ Months

Parent or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone # \_\_\_\_\_ (indicate home or cell)

Email Address \_\_\_\_\_

**\*You will receive email correspondence from office\***

Does your child have any physical, emotional or developmental problems that would require special equipment or needs? Yes \_\_\_ No \_\_\_ If yes, please explain on the back of the form

How did you hear about Jacob's Ladder? \_\_\_\_\_

**\*\*\*\*\*Please Indicate 1<sup>st</sup> and 2<sup>nd</sup> Choice \*\*\*\*\***

**Child must be the age of the class registered for on or before 09/01/2017**

**MMO (12-24 Mo)                      Mon/Wed \_\_\_\_\_                      Tues/Thurs \_\_\_\_\_**

**2 Year Olds                              Mon/Wed \_\_\_\_\_                      Tues/Thurs \_\_\_\_\_**

**3 Year Olds                              Mon-Thurs \_\_\_\_\_                      Mon/Wed/Fri \_\_\_\_\_**

**Tues/Thurs \_\_\_\_\_**

**4 Year Olds                              Mon-Thurs \_\_\_\_\_                      Mon-Fri \_\_\_\_\_**

*\*Be sure to note 1<sup>st</sup> & 2<sup>nd</sup> choice. You will be contacted if your first choice is not available.*

I understand that the registration fee I am paying today is a one time, non-refundable fee.

I understand that FBC Jacob's Ladder is not a licensed child care program.

Parent / Guardian Signature: \_\_\_\_\_

\*\*\*\*\*

For Director's Use Only

Application Rec'd by \_\_\_\_\_

Registration Fee Paid (date) \_\_\_\_\_ Check # \_\_\_\_\_ Check Amt \$ \_\_\_\_\_

If check applies to more than one child, please indicate name of additional student

Siblings also attending Jacob's Ladder \_\_\_\_\_ Age \_\_\_\_\_