

**JACOB'S LADDER REGISTRATION 2020**

Child's Full Name \_\_\_\_\_  
Name used at Home \_\_\_\_\_ Male / Female (circle one)  
Birth Date Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Age (as of 9/1/2020) \_\_\_\_\_ Years \_\_\_\_\_ Months  
Parent(s) or Guardian(s) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Phone # \_\_\_\_\_  
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 09/01/2020**  
*\*Be sure to note 1<sup>st</sup> & 2<sup>nd</sup> choice. You will be contacted if your first choice is not available.\**

<b>MMO (12-24 Mo)</b>	<b>Mon/Wed _____</b>	<b>Tues/Thurs _____</b>
<b>2 Year Olds</b>	<b>Mon/Wed _____</b>	<b>Tues/Thurs _____</b>
<b>3 Year Olds</b>	<b>Mon-Thurs _____</b> <b>Tues/Thurs _____</b>	<b>Mon/Wed/Fri _____</b> <b>Mon-Fri _____</b>
<b>4 Year Olds</b>	<b>Mon-Thurs _____</b>	<b>Mon-Fri _____</b>

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I understand that the registration fee I am paying today is a one time, non-refundable fee.  
I understand that FBCA Jacob's Ladder is not a licensed child care program.

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

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*For Director's Use Only:*  
App Rec'd by \_\_\_\_\_ Registration 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 \_\_\_\_\_