

JACOB'S LADDER REGISTRATION 2025

Child's Full Name _____

Name used at Home _____ Male / Female (circle one)

Birth Date Month _____ Day _____ Year _____

Age (as of 9/1/2025) _____ 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 1st and 2nd Choice*******

Child must be the age of the class registered for on or before 09/01/2025

Be sure to note 1st & 2nd choice. You will be contacted if your first choice is not available.

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 _____ **Mon-Fri** _____

4 Year Olds **Mon-Thurs** _____ **Mon-Fri** _____

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: _____

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 _____