Jacob's Ladder Registration 2011

Child's Full Name: _____

Name used at Home_____ Male/Female

Birth Date: Month_____ Day_____ Year_____

Age as of 9/1/2011 _____ Years _____ Months

Parent or Guardian's Name_____

Address: _____

City: _____ Zip Code _____

Contact Phone # _____ (indicate home or cell)

Email Address_____

You will receive an email acknowledging receipt of Registration

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

**********************Please Indicate 1st and 2nd Choice* ******************

Child must be the age of the class registered for on or before 09/01/2011

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 ____**

K5_____ (Mon-Fri)

**Be sure to note 1st & 2nd 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.
Parent / Guardian Signature: _____

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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 _____