

Jacob's Ladder Registration 2014

Child's Full Name _____

Name used at Home _____ Male/Female

Birth Date Month _____ Day _____ Year _____

Age as of 9/1/2014 _____ 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 09/01/2014

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 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: _____

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 _____