

JACOB'S LADDER CHILDCARE REGISTRATION FORM

CHILD'S INFORMATION

Child's Full Name:

Gender:

Date of birth:

Preferred Name:

Member of Ezekiel?

PARENTS' INFORMATION

Mother/Guardian's Name:

Mother's Address: City, State, Zip

Phone:

Cell Phone:

Email Address:

Father/Guardian's Name:

Father's Address: City, State, Zip

Phone:

Cell Phone:

Email Address:

REGISTER MY CHILD FOR:

_____ 6 weeks up to 2 1/2 years

_____ 2 1/2 - 6 years

CHILD CARE REGISTRATION:

PLEASE SELECT WHICH SESSION & WHICH DAYS YOU NEED CARE.

Full/Part Time Care Schedule

_____ 1-3 Days _____ Mon _____ Tues _____ Wed _____ Thurs _____ Friday

Hours _____

_____ 4-5 Days _____ Mon _____ Tues _____ Wed _____ Thurs _____ Friday

Hours _____

I GIVE MY PERMISSION FOR MY CHILD'S:

Name, address and birthday to be placed on a class list

Yes No

Photo to be used in publications such as the newspaper, brochure, etc

Yes No

Preferred method of communication: *Phone E-mail In-person Mail*

Please circle

Registration forms completed should be sent with a \$65 non-refundable registration fee per child or \$100 per family to:

Jacob's Ladder Childcare

202 S 2nd Street, River Falls, WI 54022 Phone: 715-629-7172