



# Registration Form

Today's Date \_\_\_\_\_ Start Date \_\_\_\_\_

## CHILD INFORMATION

Child's Name \_\_\_\_\_ Sex: Male Female

Birth Date (or due date) \_\_\_\_\_ Days of attendance (circle) M T W TH F

Will your child have a sibling enrolled (circle) Yes No Name(s) \_\_\_\_\_

(Please use a separate enrollment form for each additional child)

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## REGISTRATION FEE

A non-refundable registration fee must accompany this form. The registration fee is \$100 per family for children infant through preschool. If you have a coupon, please attach.

How did you hear about Jack and Jill Childcare \_\_\_\_\_

Name of referring family \_\_\_\_\_

## IMPORTANT NOTE

ENROLLMENT: Prior to your child's attendance at Jack and Jill Childcare, all enrollment information and a parent contract must be completed, signed and returned to the office.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Office use only:  Registration Fee paid Date Received \_\_\_\_\_  Enrollment Packet Provided Status of Transitions \_\_\_\_\_

### JACK AND JILL CHILDCARE

www.jackandjilledu.com • info@jackandjilledu.com

11870 Ulysses St. NE, Suite 100 • Blaine, MN 55434 2812 Anthony Lane S. • St. Anthony, MN 55418  
763-784-1451 office • 763-757-2942 fax 612-455-8955 office • 612-455-8958 fax