

# Jacob's Learning Ladder Preschool and Adventure Club

## PRESCHOOL AND ADVENTURE CLUB ENROLLMENT 2017-18

**Child's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
First Mid Int. Last MM/DD/YYYY M/F

Child's Primary Residence \_\_\_\_\_

### Parent/Guardian Information (Father)

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
Street City Zip  
 Home Phone Number \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Address \_\_\_\_\_  
Street City Zip  
 Work Phone Number \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Best way to contact \_\_\_\_\_

### Parent/Guardian Information (Mother)

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
Street City Zip  
 Home Phone Number \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Address \_\_\_\_\_  
Street City Zip  
 Work Phone Number \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Best way to contact \_\_\_\_\_

Hours of Care Needed (Open 7 am to 6 pm)
<b>M</b> _____
<b>Tu</b> _____
<b>W</b> _____
<b>Th</b> _____
<b>F</b> _____

Anticipated start date: \_\_\_\_\_

My child naps: \_\_\_\_\_

Rates	Cost Per Week
<b>Full Time:</b> over 35 hours per week	\$195
<b>Part Time:</b> up to 25 hours per week	\$185
<b>Daily Rates</b> (one day only when space is available and cleared with office)	
5 hours and under: \$50	Over 5 hours \$55
<b>Hourly Rate:</b> (any part of an hour) \$10	

**A non-refundable registration fee of \$65.00 must be returned with this application to secure a position for your child.** Please call or email Merodee Grannis (merodee@mygpc.org) or Nancy Morrow (nancy@mygpc.org) at 618-4189 if you have any questions.

\_\_\_ I understand and agree to pay tuition charges that are appropriate with enrollment choice. I understand these prices take effect August 1, 2017.

\_\_\_ I understand a 2017-18 Payment Agreement must be on file by September 30, 2017.

\_\_\_ I understand health, information, and appointment of agent forms are required and are my responsibility to complete and turn into the office before my child begins class.

\_\_\_ I understand my child must be fully immunized as recommended by the CDC (Centers for Disease Control and Prevention).

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_



**Office Use Only:**

Enrollment fee paid by: \_\_\_\_\_ check \_\_\_\_\_ cash \_\_\_\_\_ int \_\_\_\_\_ date \_\_\_\_\_

**Primary Teacher Placement:** \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					