Jacob's Learning Ladder Preschool and Adventure Club

CHILDCARE INCLUDING PRESCHOOL ENROLLMENT 2024-2025

Child's Name			Date of Birth		Gender		
First	Mid Int.	Last		MM/DD/YYYY		M/F	
Child's Primary Residence							
Parent/Guardian Information			Parent/Guardian Infor	mation			
Name			Name				
Home Address			Home Address				
Street	City	Zip	Street		City	Zip	
Home Phone Number			Home Phone Number				
Occupation			Occupation				
Employer							
Work Address			Work Address				
Street	City	Zip	Street		City	Zip	
Work Phone Number			Work Phone Number				
Cell Phone Number			Cell Phone Number				
Email address							
Best way to contact			Best way to contact				
Hours of Care Needed (Open 7 am to 6 pm)			t date: Interestec				
M							
Tu	Rates			st Per Week			
w	Full Time: over 35 hours per week \$245						
 Th	Part Tin	ne: up to	o 25 hours per week \$23	35			

A non-refundable registration fee of \$80 per child (or \$150 total per family) must be returned with this application to secure a position for your child.

____ I understand and agree to pay tuition charges that are appropriate with enrollment choice. I understand these prices take effect August 1, 2024.

Hourly Rate: (any part of an hour) \$12

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).

____ I understand that a Curriculum Fee of \$50 must be paid within 30 days of attendance.



F

DATE_



Office Use C	Dnly:								
Enrollm	Enrollment fee paid by:check/cash/onlineintdate								
Primary Teacher Placement:									
	Monday	Tuesday	Wednesday	Thursday	Friday				
АМ									
РМ									