

Requested Summer Program Hours

_____ Preschool Only
 _____ Extended Adventure Club Hours

Please fill in the days/hours that your child will be attending in the boxes below. See brochure or a director for fees for additional hours.

Monday	Tuesday	Wednesday	Thursday	Friday

- _____ ***I understand and agree to pay tuition charges that are appropriate with enrollment choice.***
- _____ ***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 a \$80 enrollment fee (for new students) must be returned with this application.***

SIGNED _____ DATE _____

Please return registration form to:
 Jacob's Learning Ladder
 Grace Presbyterian Church
 5002 E. Douglas
 Wichita, KS 67208

Summer Program Enrollment Form

Child's Name _____
First Last

Date of Birth _____ Gender _____
MM/DD/YYYY M/F

Child's Primary Residence _____

Parent/Guardian Information Relation _____

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 Relation _____

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 _____

