

Jacob's Learning Ladder Preschool and Adventure Club



ENROLLMENT APPLICATION

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

Child's Primary Residence _____

Home Church _____

Parent/Guardian Information _____ (Relation) Parent/Guardian Information _____ (Relation)

Name _____ Name _____

Living with child? Y N Deceased? Divorced? _____ Living with child? Y N Deceased? Divorced? _____

Home Address _____ Home Address _____

Street City Zip Street City Zip

Home Phone Number _____ Home Phone Number _____

Occupation _____ Occupation _____

Employer _____ 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 _____ Email address _____

Best way to contact _____ Best way to contact _____

Siblings living at home—Names and ages _____

Other persons living in your home (grandparents, etc.) _____

Model and color of family vehicle(s) child may be picked up in _____

Alternate/Emergency Pickup

Attach an additional page if necessary. **MUST** have at least one alternate pickup other than parents listed.

I give my consent for **only** the following persons to pick up my child from preschool and authorize them to care for my child in an emergency if parent cannot be reached.

#1

Name _____

Address _____

Street City Zip

Phone Number(s) _____

Relationship to child _____

Model and color of vehicle _____

#2

Name _____

Address _____

Street City Zip

Phone Number(s) _____

Relationship to child _____

Model and color of vehicle _____

#3

Name _____

Address _____

Street City Zip

Phone Number(s) _____

Relationship to child _____

Model and color of vehicle _____

#4

Name _____

Address _____

Street City Zip

Phone Number(s) _____

Relationship to child _____

Model and color of vehicle _____

ENROLLMENT AGREEMENT

I agree to enroll my child _____ for the period beginning _____ until termination. If for any reason my child is unable to continue attending preschool, I will notify the school at least two (2) weeks in advance to allow for the vacancy to be filled without loss of tuition to the school.

I agree to pay the monthly tuition by the 10th of each month. I understand that I must pay each month that my child is enrolled, whether or not my child attends, to ensure my child's enrollment. **I understand a \$10 late fee is applied to my account after the 15th of each month if tuition fee is past due.** I understand that it is Jacob's Learning Ladder's policy not to refund any tuition fees.

I understand parents/guardians are responsible for updating any information changes regarding enrolled child in a timely manner.

I understand Jacob's Learning Ladder only considers for enrollment children immunized as recommended by the CDC (Centers for Disease Control and Prevention).

Parent's Signature _____ Date _____

Witness Signature _____ Date _____

(witness should be someone who knows you, but not an immediate family member or JLL staff member)

FOR OFFICE USE ONLY

Child starting date in the classroom

Month Date Year

Child's last day in the classroom

Month Date Year