

JEC (Child Care and Enrichment Program)

ENROLLMENT CARD

**Date Registration Paid:**

Class: *Jags / Kinder-Cub / Pre-K Cub*

Start Date: \_\_\_\_\_ Enrollment Need: FT/ PT /Drop-in (days needed): \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Alternate Numbers (cell): \_\_\_\_\_

**EMERGENCY CONTACTS: 3 MUST be listed for state requirements!**

(To be contacted when parents are unable to be reached - also authorized to pick up the child)

1. Name:

Home Phone:

Work (Cell) Phone:

Relationship to child:

2. Name:

Home Phone:

Work (Cell) Phone:

Relationship to child:

3. Name:

Home Phone:

Work (Cell) Phone:

Relationship to child: