



For office use only:

Class _____

Date enrolled _____

Amt. Pd _____

Ck. #. _____



REGISTRATION 2011-2012

Child's Name _____ **Nickname** _____
(last) (first)

Birthdate _____ **Children entering the 3's class must be potty trained*

Address _____ City/Zip _____

Home Phone _____

Father's Name _____ Wk _____

Email _____ Cell _____

Mother's Name _____ Wk _____

Email _____ Cell _____

Day(s) desired for enrollment: Tuesday Thursday Both

Please tell us a little about your child that would be advantageous for us to know as we interact with him/her (Strengths, talents, fears, temperament, etc)

(continue on back if necessary)

Who may we contact in the event of illness or injury if we are unable to reach you?
Name relationship to child phone number

To register your child return this completed form to Jubilee Junction. A non-refundable registration fee of \$90.00 is due along with the completed form and will hold your child's place until fall. (Make checks payable to Trinity Fellowship.)