



early childhood education wait list registration

Application Date _____

Member # _____

Child's Information

Last name _____ First name _____ Male Female

Due date/Date of birth _____ Home phone _____

Address _____ City/State/ZIP _____

Below are the **4 entry points** into our program. Mark which month best aligns with your call date (the date you are willing to pay for a spot and/or the date you want your child to enter the program)

January March June August _____ Year

Parent/Guardian #1 Information

Father Mother Guardian

Last name _____ First name _____

Address _____ City/State/ZIP _____

Home phone _____ Work phone _____ Cell phone _____

Date of birth _____ Email address _____

Employer _____

Parent/Guardian #2 Information

Father Mother Guardian

Last name _____ First name _____

Address _____ City/State/ZIP _____

Home phone _____ Work phone _____ Cell phone _____

Date of birth _____ Email address _____

Employer _____

A \$150 non-refundable deposit plus policies and procedures form MUST accompany registration.

Arthur M. Glick JCC

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