



# early childhood education registration

Membership # \_\_\_\_\_

*For office use*  
Date of admission \_\_\_\_\_

## Child

Last name \_\_\_\_\_ First name \_\_\_\_\_

M  F Date of birth (M/D/Y) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_

## Parent or Guardian #1

Last name \_\_\_\_\_ First name \_\_\_\_\_

Father  Mother  Guardian

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Pager number \_\_\_\_\_ E-mail address \_\_\_\_\_

Place of employment \_\_\_\_\_

## Parent or Guardian #2

Last name \_\_\_\_\_ First name \_\_\_\_\_

Father  Mother  Guardian

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Pager number \_\_\_\_\_ E-mail address \_\_\_\_\_

Place of employment \_\_\_\_\_

Full-time

Part-time (does not apply to infants, toddlers or twos)

I hereby give my consent for the named child to be admitted to the designated JCC program. I understand that acceptance is at the discretion of the JCC. I will not hold any personnel associated with the designated JCC program liable for any injury whatsoever my child may sustain in the activities thereof. I authorize JCC staff to secure first aid and/or the services of any legally qualified physician or hospital and agree to assume all financial obligations connected therewith.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date