Early Childhood Education Registration

Child Last name	Membership #	Da	For office use Date of admission			
M F Date of birth (M/D/Y) Address City State ZIP Home phone Ethnicity Hispanic or Latino Not Hispanic or Latino Racial background (please select all that apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White Parent or Guardian #1 Last name Last name First name ZIP Phone numbers (H) (W) (C) Place of employment Parent or Guardian Address Place of employment First name Father Mother Gity State ZIP Phone numbers (H) (W) (City State ZIP Place of employment First name City State ZIP Place of employment City State ZIP Place of employment First name (City State ZIP Place of employment City State ZIP Place of employment City State ZIP Place of employment (K) (C) (C) City State ZIP Place of employment (K) (C) (C)<	Child					
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E-mail address Place of employment Child full-time in ECE	Address	City	State	ZIP	_	
Place of employment	Phone numbers (H)	_ (W)	(C)		_	
Child full-time in ECE	E-mail address				_	
					_	
	Child full-time in ECE					
	_	to infants, toddlers o	r 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