



For office use only:

Class \_\_\_\_\_

Date enrolled \_\_\_\_\_

Amt. Pd \_\_\_\_\_

Ck. #. \_\_\_\_\_

## REGISTRATION 2009-2010

**Child's Name:** \_\_\_\_\_  
(last) (first)

Birthdate: \_\_\_\_\_

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):

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(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

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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.)