



13310 Ramona Blvd., #M, Baldwin Park, CA 91706
(626) 727-2059

JCLC Preschool Enrollment Application

Child's Name: _____ Date of Birth: _____

Address: _____

Mother's Name: _____ Father's Name: _____

Person responsible for child/Guardian: _____

Mother's Address: _____ Father's Address: _____

Street: _____ Street: _____

City/State: _____ Zip: _____ City/State: _____ Zip: _____

Phone #: _____ Phone #: _____

Cell #: _____ Cell #: _____

E-Mail Address: _____ E-Mail Address: _____

Mother's Business Address: _____ Father's Business Address: _____

Street: _____ Street: _____

City/State: _____ Zip: _____ City/State: _____ Zip: _____

Phone #: _____ Phone #: _____

DL #: _____ DL #: _____

In case of an emergency, who do we call first? _____

Are both parents authorized to pick up child? _____

PERSON(S) AUTHORIZED TO PICK UP CHILD OR CONTACT FOR EMERGENCY:

Name:	Relationship:	Phone #:	Pick-Up/Emergency
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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CHILDREN WILL ONLY BE RELEASED TO A PERSON DESIGNATED AFTER SIGNING CHILD OUT.

Date of Admission: _____ Physician to call in an emergency: _____

I understand that a 2 weeks written notice is required for all withdrawals. Tuition is refunded on prorated bases if 2 weeks written notice has been received.

AT LEAST 30 DAYS ADVANCED NOTICE WILL BE PROVIDED PRIOR TO RATE CHANGES. A STUDENT MAY BE DISCHARGED FROM THE CENTER AT ANYTIME, IF IT IS DETERMINED TO BE IN THE BEST INTEREST OF THE CENTER OR CHILDREN, AT THE DISCRETION OF THE ADMINISTRATION. (SEE PARENT HANDBOOK FOR OUR COMPLETE POLICIES & PROCEDURES)

SCHEDULE: DAYS _____ TIME _____

SCHEDULE IS NOT SUBJECT TO CHANGE WITHOUT MANAGEMENT APPROVAL

I AGREE TO PAY TUITION OF _____ WEEKLY BI-WEEKLY MONTHLY BI-MONTHLY EHS

PARENT SIGNATURE

DATE

DIRECTOR SIGNATURE

DATE
