



Days at the J Enrollment Form

February 2019 – May 2019

For Office Use Only	
Rec. Date: _____	F.D. Initials: _____
Paid Amount: _____	
Total Discount: _____	
Account #: _____	
PAID: _____	

Step One: Provide the following

MEMBER

1st Child \$40 per day - 2nd Child \$38 per day

GUEST

1st Child \$50 per day - 2nd Child \$48 per day

Step Two: Registration

1st Child: _____ **DOB:** _____ **Grade:** _____ **Sex:** Male Female
Last First

Allergies/Medications: _____

Please check dates attending.					
February	Mon, Feb 18				
March					Fri, Mar 8
	Mon, Mar 18	Tue, Mar 19	Wed, Mar 20	Thu, Mar 21	Fri, Mar 22
April					Fri, Apr 19
	Mon, Apr 22	Tue, Apr 23	Wed, Apr 24	Thu, Apr 25	Fri, Apr 26
May	Mon, May 20	Tue, May 21	Wed, May 22	Thu, May 23	Fri, May 24
		Tue, May 28	Wed, May 29	Thu, May 30	Fri, May 31

2nd Child: _____ **DOB:** _____ **Grade:** _____ **Sex:** Male Female
Last First

Allergies/Medications: _____

Please check dates attending.					
February	Mon, Feb 18				
March					Fri, Mar 8
	Mon, Mar 18	Tue, Mar 19	Wed, Mar 20	Thu, Mar 21	Fri, Mar 22
April					Fri, Apr 19
	Mon, Apr 22	Tue, Apr 23	Wed, Apr 24	Thu, Apr 25	Fri, Apr 26
May	Mon, May 20	Tue, May 21	Wed, May 22	Thu, May 23	Fri, May 24
		Tue, May 28	Wed, May 29	Thu, May 30	Fri, May 31

Step Three: Contact Information

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mother/Guardian: _____ **Cell:** _____ **Email:** _____

Father/Guardian: _____ **Cell:** _____ **Email:** _____

Emergency Contact: (Notified in the event of emergency or illness, when parents or guardians are not available.)

Name: _____ **Phone:** _____

Payment Method (Please check one.)				Total to be charged: _____	
Check (enclosed)	VISA	MC	AMEX	Card on file	Card No. _____
Exp. Date _____	CSC # _____				Cardholder Name _____
Cardholder Signature _____					

For staffing purposes & the safety of your child, there will be a \$5 late fee for those who register on the date of attendance.
 Cancellations or changes to the dates selected must be made by the Wednesday prior. Credit will only be given with a doctor's note.
 Dates for the Days @ the J are subject to change. Your child will only be released to persons listed on this form.