



# 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**

1<sup>st</sup> Child \$40 per day - 2<sup>nd</sup> Child \$38 per day

**GUEST**

1<sup>st</sup> Child \$50 per day - 2<sup>nd</sup> Child \$48 per day

**Step Two: Registration**

**1<sup>st</sup> Child:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Sex:** Male Female  
Last First

**Allergies/Medications:** \_\_\_\_\_

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

**2<sup>nd</sup> Child:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Sex:** Male Female  
Last First

**Allergies/Medications:** \_\_\_\_\_

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

**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:** \_\_\_\_\_

<b>Payment Method (Please check one.)</b>				<b>Total to be charged:</b> _____	
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.