



**HoliDayCare
2018-19 School Year**

*Please check (below) the day you wish for your child(ren) to attend.

* Please complete the entire form and sign the bottom.

*Return this form to the JEA front desk by 6pm on or before Tuesday, January 15th.

**January 2019 – MLK Day
8am-6pm**

Monday, January 21 - \$30 per child

Total Amount Due: \$ _____

*Note: Parents whose children are registered for the entire school year of HoliDayCare **DO NOT** complete this form. (Your children are already enrolled in and paid for all HoliDayCare days whether they attend or not.)*

HoliDayCare registration forms are due on January 15. Late registration will be permitted if there is space available for your child. Parents requesting late registration may come to the preschool office and if approved, complete different form. Late registration charges of \$10 per day, per child will apply.

Child # 1 Name: _____
Age: _____ Class: _____

Child # 2 Name: _____
Age: _____ Class: _____

Parent #1 Name: _____
Phone: _____
Email: _____
Address: _____

Parent #2 Name: _____
Phone: _____
Email: _____
Address: (if different from above): _____

Emergency Contact (in case parents cannot be reached):
Name: _____
Phone: _____

Allergies and/or medications:

Payment Method:
 Check Enclosed - or -
Please charge my :
 Card on file
 A different card: Visa MC AMEX

Card #: _____
Exp. Date: _____ Security Code: _____
Cardholder Name: _____
Cardholder Address: _____

Cardholder Signature: _____

I grant permission for my child to attend the HoliDayCare program and release the JEA of all responsibility other than reasonable care. (check box)

Parent Signature: _____