Jade Child Development Center Registration Form Session Year____

Child's Full N Date of Birt Child's Addr	h/_	/			
Mother's Name:			Father's Name:		
Mailing Address: (if different from child's)			Mailing Address: (if different from child's		
Email:			Email:		
<u>Enrollment I</u>	Information				
<u>Days neede</u>			e of arrival and		
	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time					
Departure time					
Please list any	allergies or fo	ood restrictio	ns your child ha	s:	
Please list any	medications t	hat your child	l takes on regula	ır basis.	
Any additional	information y	ou would like	us to know abou	t your child:	
					
	 				

Getting To Know Your Child

Does your child have a nickname?	
Who lives in the home with your child?	
Does your child have siblings?	If yes, what are their names and ages?
Does your child use the bathroom indep	endently?
What words does your child use to indic	cate that he/she needs to use the bathroom?
Alternative Forms of Communica	<u>tion</u>
provide us with your contact informatio communication, in a way that best fits y	nication between teachers and families. Please n to ensure you get all necessary your family's needs. As always, informational door or on information bulletin board in the
Please check your preference of commu	ınication:
Email:	Please print me a hard copy of Monthly Newsletters, announcement etc.
Remind APP: Remind is a free, safe and center share important updates and rer	d simple messaging program that helps the ninders with families.
For Jade Child Development Center- Ca	nton: Please Text @jadech to 81010