

2017-2018 JLounge Registration and Terms of Enrollment



Today's Date _____

First Day of Attendance _____

Child's Information

First Name

Last Name

Birthdate

Sex: M F

Address

City

State

Zip

Home Phone

Email for JLounge Communication (Required)

Cell Phone

Primary Parent/Guardian Info

Family Status: Married Separated Divorced Widowed

Parent with custody: Both Other:

Parent First Name

Parent Last Name

Sex: M F

Parent Home Phone

Parent Cell Phone

Parent Email

Parent 2 Address (If different than above)

City

State

Zip

Secondary Parent/Guardian Info

Parent First Name

Parent Last Name

Sex: M F

Parent Home Phone

Parent Cell Phone

Parent Email

Parent 2 Address (If different than above)

City

State

Zip

How did you hear about us? Returning Student Family Member Website Email Newspaper Brochure Friend Internet Search Other:

Program Information

Days of the Week	Start Time	End Time	Transportation
<input type="checkbox"/> Monday	_____ : _____	_____ : _____	<input type="checkbox"/> YES
<input type="checkbox"/> Tuesday	_____ : _____	_____ : _____	<input type="checkbox"/> YES
<input type="checkbox"/> Wednesday	_____ : _____	_____ : _____	<input type="checkbox"/> YES
<input type="checkbox"/> Thursday	_____ : _____	_____ : _____	<input type="checkbox"/> YES
<input type="checkbox"/> Friday	_____ : _____	_____ : _____	<input type="checkbox"/> YES

