

Jubilee Child Day Care Center

Wait-list Information

Date: _____

Child's Name: _____ DOB: _____

____ Male ____ Female

Parents Names:

Mother: _____

Father: _____

Address: _____

Phone Number: _____

Email Address: _____

Date of Visit: _____

Desired Start Date: _____

Desired Days of Care (MWF or T TH):

____ Full Time ____ Part Time

Monday Tuesday Wednesday Thursday Friday

Information on Child & Health Concerns/Special Care:

*All children entering Jubilee Child Day Care Center must be able to walk by themselves at enrollment.

\$75 registration fee required upon notification of available spot.

Registration fee is non-refundable.