

JCC Early Childhood and Family Education Registration
Jackson County Schools / Discovery Place Preschool

I would like my child to attend ECFE Classes in: JACKSON LAKEFIELD EVENTS ONLY

Child Legal/Birth Name:

First: _____ Middle: _____ Last: _____

Birth date: ____/____/____

Sex: M F

Siblings & Ages: _____

Physical Address: _____

City, State, Zip: _____

Home Phone: _____

Parent/Guardian 1 Contact Information:

Name: _____ Relationship: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Preferred contact method: _____

Parent/Guardian 2 Contact Information:

Name: _____ Relationship: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Preferred contact method: _____

[please complete back side of form]

Allergies and other related medical information: _____

Activities or interests your child has: _____

What you hope to see in ECFE Classes: _____

Other information, questions, etc: _____

I authorize photos taken during ECFE events to be used for publicity and promotional materials of JCC Discovery Place and ECFE.

YES NO

I have filled out the immunization form as required by the State of Minnesota.

YES NO WILL BRING TO FIRST EVENT

I understand that ECFE classes may charge a fee for participation. I understand that the district will provide a sliding scale fee. I understand that no one will be denied due to inability to pay.

YES NO

Signature

Date