



JOLIET JUNIOR COLLEGE

1901

EARLY CHILDHOOD CENTER REGISTRATION REQUEST FORM

CHILD'S NAME _____ Male Female Birth Date: _____
Circle one

PARENT'S NAME _____ ID# _____

ADDRESS _____ CITY _____ ZIP _____

Hm PHONE _____ CELL _____

E-MAIL ADDRESS _____

DECLARED MAJOR _____ TOTAL HOURS _____

Circle Program Requested:

Full Day Program

Part-Time Program

Pre-School Program

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

If they have a fluctuating schedule (such as nursing) they must submit accurate schedule changes at the time of registration to ensure our ability to accommodate their child care needs throughout the entire semester. We cannot make schedule changes once the semester begins without prior knowledge and an established agreement with the center manager.

The appropriate registration fee and appropriate deposit must be paid in advance to reserve the child's place in our program. All forms and fees must be paid prior to the next purge date including any outstanding balance with the Early Childhood Center before child will be considered registered. Enrollment packets must be complete and on file before the child will be fully enrolled and begin attending. Contracts will not be provided until all registration and enrollment requirements are met.

Office Use Only:

Date Received: _____ by: _____ Schedule Approve: _____ File Card _____ Entered into ACCESS _____

Information provided for: CCAMPIS _____ CCR&R _____ ISBE HIE _____ KIWANIS _____ OTHER: _____

Registration Packet Sent: _____ Enrollment Packet Sent: _____ Registration: _____ Deposit: _____ Orientation Code: _____

Specific Information and Action Taken: