

REGISTRATION FORM

JEANETTE'S LITTLE HAVEN CHRISTIAN ACADEMY

7110 Holly Hill Drive
DALLAS, TX 75243

Enrollment Date: _____

Drop Date: _____

Name of Child:	DOB:	Sex:	AGE:
<hr/>			
FATHER'S NAME	MOTHER'S NAME		
<hr/>		<hr/>	
ADDRESS	ADDRESS		
<hr/>		<hr/>	
CITY	CITY		
<hr/>		<hr/>	
TELEPHONE (Home)	(Business)	TELEPHONE (Home)	(Business)
<hr/>		<hr/>	
EMPLOYED BY	EMPLOYED BY		
<hr/>		<hr/>	
SS#	-	-	DL#
<hr/>		<hr/>	

NAME OF TWO INDIVIDUALS WHO MAY BE CONTACTED IF PARENTS CANNOT BE REACHED AND ARE AUTHORIZED TO PICK UP THE CHILDREN

NAME	RELATION	PHONE
<hr/>	<hr/>	<hr/>
NAME	RELATION	PHONE
<hr/>	<hr/>	<hr/>

PREVIOUS CHILDCARE PROVIDER _____

In return for services I receive, I agree to pay \$ _____ weekly/monthly in advance to JEANETTE'S LITTLE HAVEN I have read and accept the policies of JEANETTE'S LITTLE HAVEN, INC. and release if from any liabilities for injury or illness resulting from conditions or circumstances beyond their control. I authorize the school to provide transportation for my child for off campus school activities and transportation to and from HOME/SCHOOL when applicable. I also give permission for my child to participate in ALL activities when under school supervision. I will leave my child under the supervision of a staff member and understand that my child will be released only to me or persons I authorize. I plan to leave my child at school between the hours of : am/pm and : am/pm.

The staff of JEANETTE'S LITTLE HAVEN, INC. has provided me with "PARENTS HANDBOOK" and has discussed it's contents with me.

DIRECTOR/REPRESENTATIVE - DATE:

PARENT/GUARDIAN - DATE: