

Please check one if you have a preference ____AM (or) ____PM
(This will be taken into consideration, not a guarantee)

Jackson Center Schools

Pre- Kindergarten

Child's Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

Employer name & address: _____

Work Phone: _____

Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in the program. Cell 1 2 3 Home 1 2 3 Work 1 2 3

Parent/Guardian Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

Employer name & address: _____

Work Phone: _____

Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in the program. Cell 1 2 3 Home 1 2 3 Work 1 2 3

Employer Address _____

Please list two people to be contacted in the event of an emergency **if the parent cannot be contacted:**

Name	Name
Address	Address
City	City
State	State
Zip	Zip
Relationship to child	Relationship to child
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone

