Jackson Children's Academy

Student Registration 2024-2025

Student's Name Last First Student's Mailing Address			Student's Birthdate			
			Middle City		State	
Student's Home Phone#			Student Gender			Female
My child has a fo	od allergy	No	Yes			
My child has diet restrictions		No	Yes			
My child has a medical/health condition		No	Yes	Explain		
Mother's Information			Father's Information			
Name:			Name:			
Address:			Address:			
Email:			Email:			
Home Phone:			Home Phone:			
Employer:			Employer:			
Position:			Position:			
Cell #:			Cell #:			
Work #:			Work #:			
Is there anything yo	u want us to know about yo	ur child?				
Siblings names and	•	<u> </u>				
How did you hear a						
riow and you nound						
		Program optio	ns (select one)			
Threes:AM		Fours:AM.		-	jarden:	_AMPM
	_	•	- Circle days desire			
	Three-year-old children r	•	W/T-TH or three days a four M-T-W-TH or five		I-IH-F.	
Transitional Ki	ndergarten am children mu	•		•	f nreschool 6	ynerience
Hansidonal N	Afternoon Threes attend T	•		•	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	\$190.00	\$220.00	\$245.00	\$270		
	2 days	3 days	4 days	5 da	ys	

Please return this form along with a \$75.00 non-refundable registration fee to
Jackson Children's Academy
9687 Portage St. N.W
Masillon, Ohio 44646
330-268-7377

M-T-W-T

M-T-W-T-F

M-W-F or T-TH-F

M-W or T-TH