## **Jackson Children's Academy**

Student Registration 2023-2024

Student's Name	Lasi	Student's Birthdate				
Student's Mailing Address			City		State	
Student's Home Phone#				Gender		
My child has a fo	od allergy	No	Yes	Explain		
My child has diet restrictions No			Yes			
My child has a medical/health conditionNo			Yes			
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 you	u want us to know about yo	ur child?				
Siblings names and	•	ui oiliid :				
How did you hear al						
riow aid you near ai						
		Program option	ons (select one)			
Threes:AM _		Fours:AM.		-	garden:	_AMPM
	•	•	- Circle days desir			
	Three-year-old children n	-	•		T-TH-F.	
	•	•	I four M-T-W-TH or five	-		
Transitional Ki	ndergarten am children mu Afternoon Threes attend T-	· · · · · · · · · · · · · · · · · · ·			-	experience.
	\$190.00	\$220.00	\$245.00	\$270		
	2 days	3 days	4 days	5 da		
		,-		,	<i>, -</i>	1

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

M-T-W-T

M-T-W-T-F

M-W-F or T-TH-F

M-W or T-TH

330-268-7377