

**JACOB'S LADDER  
FIRST UNITED METHODIST CHURCH  
PRE-REGISTRATION FORM**

DATE SUBMITTED \_\_\_\_\_ DATE PAID \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_ NICKNAME \_\_\_\_\_

PARENT'S NAMES \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ DUE DATE \_\_\_\_\_ SEX \_\_\_\_\_

DO YOU HAVE A SIBLING ENROLLED AT JACOBS LADDER? \_\_\_\_\_

I AM INTERESTED IN THE FOLLOWING CLASS FOR MY CHILD:

|          |              |              |              |
|----------|--------------|--------------|--------------|
| Infants  | 5 days _____ | 3 days _____ | 2 days _____ |
| Toddlers | 5 days _____ | 3 days _____ | 2 days _____ |
| 2 yrs.   | 5 days _____ | 3 days _____ | 2 days _____ |
| 3-5 yrs. | 5 days _____ | 3 days _____ | 2 days _____ |

ARE YOU A MEMBER OF THIS CHURCH? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOUR CHILD'S GRANDPARENTS A MEMBER OF THIS CHURCH?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE GRANDPARENTS NAMES \_\_\_\_\_

PLEASE LIST ANY SPECIAL NEEDS WHICH YOUR CHILD MAY HAVE:

\_\_\_\_\_

REQUEST ENROLLMENT BEGINNING: \_\_\_\_\_

PLEASE RETURN THIS FORM AND CHECK FOR \$20.00 TO  
JACOB'S LADDER  
165 E. BROAD STREET  
COOKEVILLE TN 38501

BY SIGNING HERE, I ACKNOWLEDGE THAT I UNDERSTAND THE WAITING LIST PROCEDURES AS STATED IN THE HANDOUT GIVEN TO ME AT THE TIME OF THIS APPLICATION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE: REGISTRATION FEE IS NON-REFUNDABLE**

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