Kankakee Area Career Center
Child Care Preschool Lab
2019-2020

Registration Form

To Be Completed by KACC
Date Application Received: _____
Received by: _____

Child's Name: _____Age: _____ Birth Date (mm/dd/yy)_____

Parent/Guardian Name (1)_____Parent/Guardian Name (1)_____

Primary Residence: _____
Street City, State, Zip Code

Secondary Residence: _____
Street City, State, Zip Code

Primary Cell Phone #:_____ Name:_____

Secondary Cell Phone # _____ Name:_____

Primary Email Address: _____

Secondary Email Address: _____

Household Information (Please list all persons residing in household).

Name	*Relationship*	*Cell Phone (Or N/A if Minor)*

KACC Preschool Lab runs from 8:30 a.m. to 2:30 p.m.

Session Request _____ Monday through Friday
_____ Monday, Wednesday, Friday
_____ Tuesday Thursday

Kankakee Area Career Center offers career and technical education opportunities without regard to age, color, race, national origin, sex, religion or handicap. Additional information regarding this policy can be obtained by contacting the Center.