



Kankakee Area Career Center Child Care Preschool Lab 2021-2022



Registration Form

<i>To Be Completed by KACC</i>	
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).

<i>Name</i>	<i>Relationship</i>	<i>Cell Phone (Or N/A if Minor)</i>

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

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

