



# JACC Preschool Program Application

Once you have completed this form, please return by mail or Email to:  
JACC Preschool Program  
6800 Browns Lake Road, Jackson, MI 49201  
dan.draper@jcisd.org

**Child MUST be 3 years of age by September 1, 2024 to be eligible to attend**

**I am enrolling my child for \$220 per month FULL DAY - 9:00am-3:00pm**

### CHILD INFORMATION

Child's Name:

Date of Birth:

Gender:  Male  Female

Has your child received Early Intervention Services (Early ON, JCISD)?  Yes  No

Does your child currently receive any special education services?  Yes  No

If your child receives services, please list \_\_\_\_\_

Please list any medical conditions your child may have:

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

### FAMILY MEMBER INFORMATION

Parent / Guardian #1 Name:

Relationship to child:

Address:

Home Phone Number:

Cell Phone Number:

Email address:

School District you live in:

Do you live in the same household as the child?  Yes  No

Parent / Guardian # 2 Name:

Relationship to child:

Address:

Home Phone Number:

Cell Phone Number:

Email address:

School District you live in:

Do you live in the same household as the child?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Latchkey Enrollment

Before & After Child Care: For the **2024-2025** school year, the JCISD will also offer before and after school childcare on student days during the hours listed below. The cost is \$5.00. If interested, please list the anticipated drop off and pick up times.

Payment due on Fridays for the upcoming week of Latchkey. Monthly payments in full before the first day of the month are also accepted. Money will not be refunded if you decide not to have your child attend.

Child's Name: \_\_\_\_\_

Resident School District: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male Female

Before School  
7:15-9:00 After School:  
3:00-3:30

|                                         | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|-----------------------------------------|--------|---------|-----------|----------|--------|
| Anticipated Before School Drop Off Time |        |         |           |          |        |
| Anticipated After School Pick Up Time   |        |         |           |          |        |

\*Program details may be subject to change prior to the start of the school year. All families will be notified in a timely manner.

Thank you for your interested in the Jackson Area Career Center Program. You will be notified of the status of your application. Proper medical documentation and school registration will be required prior to the start of the program.

Questions should be directed to Dan Draper at 517-768-5100, or by email to [dan.draper@jcisd.org](mailto:dan.draper@jcisd.org).

### JCISD Nondiscrimination Statement

It is the policy of the Board of Education not to discriminate on the basis of Protected Classes in its educational programs and activities and employment. Protected Classes generally include race, color, national origin, sex (including sexual orientation or gender identity), disability, age, religion, height, weight, marital status, military status, ancestry, genetic information and such others as are defined in federal or state law. More detailed information can be found in the Board of Education Policies on this website. Inquiries and complaints regarding discrimination in programming and employment may be referred to any of the following: Elizabeth Gayle, Director of Human Resources, 517.768.5155, [elizabeth.gayle@jcisd.org](mailto:elizabeth.gayle@jcisd.org); Dan Draper, Principal, Jackson Area Career Center, 517.768.5222, [dan.draper@jcisd.org](mailto:dan.draper@jcisd.org); Amy Rogers, Assistant Director of Special Education, Lyle Tarrant and Kit Young Centers, 517.768.5129, [amy.rogers@jcisd.org](mailto:amy.rogers@jcisd.org).