



Preschool Enrollment Form 2024-2025

Child's Name: _____ Date of Birth: _____ Boy Girl

Siblings enrolled? No Yes Siblings' names and ages: _____

Father's Name:	Mother's Name:
Address:	Address:
City, Zip:	City, Zip:
Place of Employment:	Place of Employment:
Work Phone:	Work Phone:
Home/Mobile Phone:	Home/Mobile Phone:
Emergency Contact (other than parent): Name:	The following people may pick-up child: Names and phone numbers.
Address:	1. _____ Cell#
City, State, Zip Code	2. _____ Cell#
Home/Mobile Phone:	3. _____ Cell#
Work Phone:	4. _____ Cell#

Does your child have any special needs or conditions? (Allergies, etc.) No Yes

If yes, give details _____

E-Mail address _____

Child's Primary Residence is with: Mother Father Other: _____

List any previous Pre-school child has attended: _____

Church Affiliation: _____

Session Preference: Preschool only (9:00-2:30) <input type="checkbox"/> Tuesday-Thursday <input type="checkbox"/> Monday-Wednesday-Friday <input type="checkbox"/> Monday through Friday	Preschool with Daily Extended Care (7:15-4:30) <input type="checkbox"/> Tuesday-Thursday <input type="checkbox"/> Monday-Wednesday-Friday <input type="checkbox"/> Monday through Friday
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I desire to enroll my child, as listed above, into the JUMPS program. I further certify that I am this child's parent/legal guardian. I realize that I am responsible for the tuition expenses of this child.

Signed: _____

Date: _____

Admission Date: _____