



# Preschool Enrollment Form

## 2025 - 2026

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:
<b>Emergency Contact (other than parent):</b> 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: \_\_\_\_\_

<b>Session Preference: Preschool only (9:00 - 2:30)</b> <input type="checkbox"/> Tuesday - Thursday <input type="checkbox"/> Monday – Wednesday - Friday <input type="checkbox"/> Monday through Friday	<b>Preschool with Daily Extended Care (7:00 - 5:00)</b> <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: \_\_\_\_\_