

# Jubilee Christian Preschool and Daycare

## Enrollment Form – 4 & 5 year olds for K4 or Junior Kindergarten

(Must be 4 years old by September 1 of the school year)

Child's Full Name \_\_\_\_\_ Sex: M  F

Name Child Prefers \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Desired First Day of Attendance \_\_\_\_/\_\_\_\_/\_\_\_\_

List hours of attendance for each day. If attending in the afternoon, select one:  nap  no nap

Monday	Tuesday	Wednesday	Thursday	Friday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

### PARENT/GUARDIAN INFORMATION =====

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### AUTHORIZATION FOR CHILD'S RELEASE =====

Are both parents authorized to pick-up child?  Yes  No\*\* (\*\*Court documentation required.)

Additional people authorized to pick-up child (Government issued photo ID required.):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### EMERGENCY PROCEDURE =====

In the event of illness, injury or other emergency, indicate who should be contacted 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> (Child must be picked up within 1 hour of notification.):

1<sup>st</sup> \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Alt. (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Alt. (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Alt. (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**HEALTH FACTORS=====**

Child's Physician \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Describe speech, hearing or vision difficulties.

\_\_\_\_\_

List allergies, asthma or other special conditions. (\*\*Physician's note required for special care.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEVELOPMENT=====**

List names and ages of siblings. \_\_\_\_\_

List other languages spoken at home. \_\_\_\_\_

List pets/animals at home. \_\_\_\_\_

Describe child's other group experiences. \_\_\_\_\_

List favorite toys and activities. \_\_\_\_\_

List child's strengths. \_\_\_\_\_

List child's weaknesses. \_\_\_\_\_

Describe your three most basic priorities regarding the total care and education of your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENTAL/GUARDIAN CONSENT=====**

Please read and sign below indicating your consent for the following:

- In the event of an emergency situation, I consent for emergency medical care or first-aid treatment to be provided.
- In case of a medical emergency, I understand that my child may be transported to an appropriate medical facility by the local emergency unit for treatment. (Your child will only be transported if the local emergency resource (police, rescue squad) deems it necessary.)
- It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf. JCP&D does not assume responsibility for the payment of hospital, doctor or ambulance fees.

\_\_\_\_\_  
Father's Signature/Date

\_\_\_\_\_  
Mother's Signature/Date

Please read and sign below indicating your understanding of the following:

- I agree to pay my child's tuition weekly unless other arrangements have been made and are noted on my tuition contract. Childcare services will cease if an account is more than two weeks past due. Schedule changes are not permitted on past due accounts.
- I have received and read a copy of Jubilee Christian Preschool and Daycare's Parent's Handbook. I agree to abide by the policies set forth therein.
- I understand that Bible teachings are a part of the preschool and daycare programs.
- I give permission for my child to participate in field trips outside of the center during operating hours. Field trip information will be listed at the Parent Information Station and in the weekly or monthly school correspondence. When a field trip is scheduled, my child must attend the field trip or I/we must make other child care arrangements for the day.
- In the event that my child becomes ill at school, he/she must be picked up within 1 hour of notification. Notification constitutes contact with me or messages left at my home, work and cell phone numbers. It is my responsibility to provide contact phone numbers whenever my child is in Jubilee's care. I understand that if I am not available at my regular contact numbers, I must provide an alternate number or designate an alternate contact person for the day.
- My child cannot return to school after being sent home due to illness unless he/she is symptom free and has been absent from Jubilee a minimum of 24 hours.
- If my child experiences a headache, fever or minor pain, I give permission for the staff to administer Children's Tylenol for comfort. Yes\_\_\_\_\_ (Initial) No\_\_\_\_\_ (Initial)

\_\_\_\_\_  
Father's Signature/Date

\_\_\_\_\_  
Mother's Signature/Date

**GENERAL WAIVER AND RELEASE=====**

I, \_\_\_\_\_, hereby acknowledge and agree that my child's  
(parent/guardian's name)  
(\_\_\_\_\_) participation in all Preschool and Daycare related  
(child's name)  
activities at JCP&D campus are undertaken voluntarily and entirely at my or my minor child's risk.

Accordingly, I hereby unconditionally waive and release all claims, rights of action or remedies against Jubilee Christian Preschool and Daycare and their respective agents, representatives, employees and sponsors that may arise in connection with my or my child's participation in such events, and agree to hold all such persons harmless from all claims, demands, or causes of action that may arise in connection therewith.

I further agree that in any suit arising from such participation in such event or events, this agreement shall constitute a bar to any recovery by me or any member of my family, and may be urged and availed of by JCP&D and their respective agents, representatives, employees and sponsors, as well as all and singular the other defenses that any of them may have in respect thereto.

\_\_\_\_\_  
Father's Signature/Date

\_\_\_\_\_  
Mother's Signature/Date

**PAYMENT INFORMATION=====**

Indicate the features you will use:

\_\_\_\_\_ Check, cash or credit card payments made in the office

\_\_\_\_\_ Autocharge- preauthorized automatic credit card charges

\_\_\_\_\_ \*\*Online Payments- credit, debit or flexible spending/dependent care plan card

\_\_\_\_\_ \*\*Customer Account Center- view account history online

\*\*Online Payments and/or Customer Account Center require internet connection and an email address. Please provide email address:\_\_\_\_\_

Families selecting Online Payments or Autocharge will receive further instructions.

**ADDITIONAL INFORMATION=====**

How did you hear about us? (List name of referring family if any.) \_\_\_\_\_

Church now attending:\_\_\_\_\_ Denomination:\_\_\_\_\_

Would you like a brochure about our church or a pastor to call you?  Brochure  Phone Call

Please feel free to attach additional information about your child that you feel would be beneficial to our staff.