

Jack and Jill Preschool — Registration Application

Please indicate (✓) which class you are requesting for your child:

Primary class (at least age 3 by Sept. 1 st)	Pre-kindergarten class (at least age 4 by Sept 1 st)
<input type="checkbox"/> Primary morning meets Thursday and Friday, 9:00 – 11:00 am	<input type="checkbox"/> Pre-k. morning meets Monday, Tuesday & Wednesday, 9:00 – 11:15 am
<input type="checkbox"/> Primary afternoon meets Thursday and Friday, 12:00 – 2:00 pm	<input type="checkbox"/> Pre-k. afternoon meets Monday, Tuesday & Wednesday, 12:00 – 2:15 pm

Child's First Name: _____ Middle: _____ Last: _____

Nickname (if any): _____

Gender (check ✓ one): _____ **Boy** _____ **Girl**

Birthdate: _____

Parent information:

All records at Jack and Jill are confidential. No information is given out or shared with any other persons or agencies.

Note: If parents share custody, Jack and Jill must be supplied with copies of all legally binding agreements, court directives, and any other executed documents that are applicable.

Father: Check (✓) if child lives *primarily* with the father _____

Name: _____

Street Address: _____

City/State/Zip _____

Home phone: _____

Cell phone: _____

Employer: _____

Work phone: _____

Email address: _____

Can you be contacted at your work number in the event of an emergency? _____ Yes _____ No

Mother: Check (✓) if child lives *primarily* with the mother _____

Name: _____

Street Address: _____

City/State/Zip _____

Home phone: _____

Cell phone: _____

Employer: _____

Work phone: _____

Email address: _____

Can you be contacted at your work number in the event of an emergency? _____ Yes _____ No

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Emergency contact: This is the person who will be called if we cannot reach the parent. *This person must be authorized to pick up your child if called by the preschool.*

Name: _____ Phone: _____

Relationship to child: _____

Where does your child go after preschool? (e.g.: home, to a grandparent, babysitter):

Name & phone number of person(s) who care for your child after preschool:

List any additional services that your child is currently receiving (e.g.: speech therapy, I. U. services)

Home Life:

Please list all members of the household, their relationship to the child, and their ages: (Use back of page for additional entries.)

Name	Relationship	Age

List the people to whom you are giving permission to drop off or pick up your child on a regular basis. (e.g.: grandparents, aunts/uncles, babysitters, neighbors, other persons.)

Please note: These are they *only* people who will be allowed to pick up your child at school unless specific permission is given. If you are involved in a custody situation, the preschool needs copies of all custody papers, P.F.A.'s, or any other documents that outline persons who are to be permitted or excluded from transporting this child.

Name	Relationship	Phone Number

By what name does your child know important people in their life? For example grandmothers could be nana, oma, nanny, granny, grandma, etc. Grandfathers could be called pap, pop, opa, pappy, etc. Many children have specific names for all their grandparents & we do not realize who they are speaking about when they use these terms. Likewise, aunts, uncles, neighbors, special friends of parents may have nicknames that the children use that we might need to know.

Name	Relationship	Nickname

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Names of pets & types of animals, if any: _____

List any group experiences that your child has had (babysitter, playgroup, Sunday school, daycare, dance, soccer, etc.).
Please note whether or not a parent has been with the child during these experiences:

School District where this child will enroll for Kindergarten: _____

Church membership, if applicable: _____

Please note that church membership is not a requirement for your child to enroll at Jack & Jill Preschool.

Health background:

General health your child: (e.g., Frail, Occasional illness, Rarely ill, Good health) _____

List any known allergies to food or beverages: _____

Please list all food restrictions: _____

Does this child take any medications regularly? If so, please list: _____

Does this child have any distinguishing birthmarks or physical characteristics? If so, please list: _____

Is there any reason your child should not participate in physical activities? Check (✓) one. _____ Yes _____ No

If yes, please list the activities to be avoided and the reasons: _____

Are there any other conditions or situations that the school should be aware of when working with your child? _____

Family Doctor: _____

Address: _____ Phone: _____

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How did you learn about Jack and Jill Preschool? (Check ✓ all that apply)

<input type="checkbox"/> Referred by member of Trinity	<input type="checkbox"/> Referred by a friend	<input type="checkbox"/> Saw preschool sign
<input type="checkbox"/> Older child in the program	<input type="checkbox"/> Ad in newspaper	<input type="checkbox"/> From J&J website
<input type="checkbox"/> Other (please specify): _____	_____	

What are your child's favorite toys, games, or stories? _____

How would you describe your child's personality? _____

Additional comments or remarks: _____

Signature of parent registering child: _____

For Office use Only:

Date completed registration and check submitted: _____

Amount paid: _____

Check number: _____

Cash, receipt number: _____

Returning student: Yes No

New enrollment: Yes No