

Jack & Jill Preschool – Registration Application

Please indicate (x) which class you are requesting:

____ Primary Class (at least age 3 by Sept. 1st) Thursday and Friday 9:00 – 11:30

____ Pre-Kindergarten (age 4 by Sept. 1st) Morning session: Mon., Tues., Wed. 9:00 -11:30

____ Pre-Kindergarten (age 4 by Sept. 1st) Extended Day: Mon., Tues., Wed. 9:00 -1:00

Child’s First Name: _____ Middle _____ Last _____

Nickname (if applicable): _____

Gender: Boy _____ Girl _____ Birthdate: _____

Parent Information: All records at Jack & Jill are confidential. No information is given out or shared with any other persons or agencies. **Note:** If parents share custody, Jack & Jill must be supplied with copies of all legally binding agreements, court directives, and any other executed documents that are applicable.)

Father/Guardian/Foster Parent/Grandparent: Check(x) if child lives at this address _____

Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Work Phone: _____ E-mail address: _____

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

Mother/Guardian/Foster Parent/Grandparent: Check(x) if child lives at this address _____

Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Work Phone: _____ E-mail address: _____

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

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If co-parenting or shared custody, please list other adults that share in this child’s care on a separate sheet. Only list those that will be a part of the child’s preschool experience. .

Emergency Contact: This is the person who will be called if we cannot reach the parent/caregiver. This person must be authorized to pick up this child if called by the preschool.

Name: _____ Phone: _____

Relationship to the child: _____

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

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

List any additional services that this 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 additional piece of paper if needed):

Name	Relationship	Age

List the people to whom you are giving permission to drop off or pick up this child on a regular basis (e.g. grandparents, aunts/uncles, babysitters, neighbors, other people): ***Please note** these are the **ONLY** people who will be allowed to pick up this 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 people who are permitted OR excluded from transporting this child.

Name	Relationship	Phone number

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By what name does this child know important people in their life? For example, grandmothers could be Nana, Oma, Nanny, etc. Grandfathers could be Pap, Opa, Pappy, etc. Many children have specific names for all their grandparents, and we do not realize who they are speaking about when they use those 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

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

What are this child’s favorite toys, games, or stories? _____

How would you describe this child’s personality? _____

Any additional comments? _____

List any group experiences that this child has had (babysitter, playgroup, Sunday school, daycare, dance, sports, etc.). Please note whether a parent or caregiver has been with the child during these experiences: _____

School district where this child will enroll for kindergarten: _____

Church membership, if applicable: _____

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

Referred by member of Trinity ___ Referred by a friend ___ Saw preschool sign ___
 Older child in the program ___ Ad in newspaper ___ From Jack & Jill website ___
 Other (please specify) _____

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Health Background:

Your child’s general health: (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 this child should not participate in physical activities? Check (x) 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: _____ Phone _____

Address: _____

Signature of parent/caregiver registering child: _____

For Office use only:

Date completed registration and check submitted: _____

Amount paid: _____ Check #: _____

Cash, receipt number: _____

Returning student: Yes ___ No ___

New Enrollment: Yes ___ No ___