REGISTRATION FORM 2021-2022

JUMP Preschool Inc.
3327 Kenora Drive
Spring Valley, CA 91977
619-303-1541
jumppreschoolkids@gmail.com

Infant Program/Toddler/Transitional Kindergarten

Child's Full Name: ______________________________

Child's Birthday: ______________________________

Child's Address ______________________________

Parent 1: Name and Address: ______________________________ ______________________________

Please List any services your child has received:

Parent 1:
Contact Phone: ______________________________
I agree to text messages: ______________________________
Contact Email: ______________________________

Languages Spoken at Home: ______________________________

Sibling Name & Ages: ______________________________ ______________________________

Parent 2: Name and Address: ______________________________ ______________________________

List the full names of anyone who will pick up your child:
______________, ______________
______________, ______________

Parent 2:
Contact Phone: ______________________________
I agree to text messages: ______________________________
Contact Email: ______________________________

Child's Dr & Number: ______________________________

Child lives with: ______________________________

Please indicate if you are enrolling in the Extended Day (any hours between 7am-5:30 pm) or School Day (8:30-2:30) schedule. (See Rate Sheet) Extended Day Schedule ______ or School Day Schedule ______

If you choose to attend other than our set 5 EDS or SDS please tell us the schedule you will use. This option is for infants - three's class and **not for the TK or K classes.** ***We ask that TK and K attend 5 days at either Extended Day or School Day schedule. *REMINDER* see rate sheet as we do have part time rates.***

Monday _____/ Tuesday __________/ Wednesday ______________/Thursday__________ /Friday_____

Please tell us the average Drop Off Time ___________ and Pick Up Time ___________

What is the desired Enrollment Start Date:__________________

Parent signature______________________ Parent signature______________________

OFFICE USE ONLY:
Date Registration Fee Received______________ Date Birth Certificate Received__________
Date Shot Record Received________________ Date Physicians Report Received ____________

Child's name:______________________________ **DOB:**_____/_____/_____

First and last — Month Day Year

Does you child have any:

1)Preschool or childcare experience? NO_______YES_______Where?_______________

Previous kindergarten experience? NO_______YES_______Where?_______________

(if you answer YES please provide most recent evaluation from former school or childcare)

2)Delays or concerns with speech/hearing, physical, emotional or social development?

NO_________YES_________Please list:_______________________________________

3)Food Allergies:

NO_________YES_________Please list:_______________________________________

List any signs or. Symptoms of a reaction:____________________________________

4)Other Allergies:

NO_________YES_________Please list:_______________________________________

List any signs or. Symptoms of a reaction:____________________________________

5)Medical conditions?(example: Asthma, Diabetes, Chronic Illness, Etc.)

NO_________YES_________Please list:_______________________________________

6)Does your child take any prescription medications?

NO_________YES_________Please list:_______________________________________

Does your child need to take this medication at school? NO____YES_____

7)Do both parents live in the household?

NO_________YES_________

If no, we will need to be aware of any custody arrangements. Legal documentation is required for any pick-up restrictions.

8)Does your child have specific behaviors we should be aware of? (For example: separation anxiety, selective eater, other fears)

NO_________YES_________Please list:_______________________________________

9)How did you hear about our school:

___Neighbor, friend or relative_____Picked up flyer (where)________________________

___Website _____Advertisement _____Other public location(Where)_________________

Parent Signature:______________________**Date:**__________________________

Best contact number:_______________________________