

NAZARENE PRESCHOOL
JUMP START PROGRAM
Enrollment Form

JUMP Start Days: Monday, August 9th-August 13th

Camp Sessions will run 8:30-11:00am

Cost: \$135.00 (includes a daily snack and supplies) *Please have your child bring a water bottle each day.

*Students must be entering Kindergarten this Fall to attend

Child's Name _____

Date of Birth: _____ Sex: M F

Home Address: _____ City: _____ Zip Code: _____

Home Phone Number:(____) _____ Family email: _____

Father's Name: _____

Business Phone:(____) _____ Cell Phone:(____) _____

Mother's Name: _____

Business Phone:(____) _____ Cell Phone:(____) _____

Name of Preschool Attended Last Year: Nazarene None Other _____

Name(s) of person to contact in emergency should both parents be unavailable:(must be someone in the immediate area and authorized to pick up your child)

Name: _____ Phone:(____) _____

Relationship to Child: _____

Name: _____ Phone:(____) _____

Relationship to Child: _____

DOES YOUR CHILD HAVE ANY. MEDICAL OR DEVELOPMENTAL CONDITIONS?(allergies, hearing, speech, etc.). NO YES

If yes, please list: _____

MEDICINE TO BE KEPT AT SCHOOL? NO YES

If yes, please explain_____

I give permission to the staff of Nazarene Preschool to make whatever emergency (i.e., first, aid, disaster, evacuation) measures are judged necessary for the care and protection of my child while under the supervisions of the center.

In case of a medical emergency, I understand that my child will be transported to the hospital deemed appropriate by the responding emergency unit. The child will be transported at the expense of the parents.

I understand that in some medical situations the staff will need to contact local emergency resources before the parent, physician or other adult acting on the parent's behalf.

Parent's Signature:_____Date:_____

Photo Release/Consent Form

I agree that my child ay be photographed for use in the Preschool and/or use in publicity.

Parent's Signature_____Date:_____

Should your child have a personal accident where he/she soils clothing to the extent that clean clothes and personal clean up is required, two school personnel will be present to assist your child in cleaning up. Parents will be notified.

Yes, I give my personnel permission to assist my child.

Parent Signature:_____Date:_____

No, I do not give my personnel permission to assist my child.

Parent Signature:_____Date:_____