

NAZARENE PRESCHOOL
JUMP START PROGRAM
Enrollment Form

JUMP Start Days: Monday, August 5th-Friday, August 9th

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

Cost: \$125.00

*Students must be entering Kindergarten this Fall to attend

Child's Name _____

Date of Birth: _____ Sex: M F

Home Address: _____ City, Zip _____

Home Phone (____) _____ 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 supervision 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 _____

Photograph Release/Consent Form

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

Parent's Signature _____ Date _____

Child's Personal Emergencies

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 school personnel permission to assist my child.

Parent's signature _____ Date _____

OR

No, I do not give school personnel permission. My child is to remain in soiled clothes until I arrive.

Parent's signature _____ Date _____