



280 Hillcrest Road
Lebanon, PA 17042

Childs Name _____ Age _____ DOB _____

Jack & Jill Preschool & Kindergarten 2012 - 2013 Registration Form

Registration forms can be processed ONLY if they are filled out completely.

Registration Fee \$65.00 – NON REFUNDABLE

Terrific Two's

Tuition Rate: \$50.00/Month

Child must be 30 – 36 months prior to September 1, 2012

_____ Friday AM 2 year old class (8:45 – 9:45)

_____ Friday AM 2 year old class (9:55 – 10:55)

_____ Friday AM 2 year old class (11:05 – 12:05)

3's Class

Tuition Rate: \$115.00/Month *This includes our Student Activities Fee.

Child must turn 3 prior to September 1, 2012 and must be potty trained (no exceptions)

_____ Mon./Wed. AM 3 year old class (8:55 – 11:25)

_____ Tues./Thurs. AM 3 year old class (8:55 – 11:25)

_____ Mon./ Wed. PM 3 year old class (1:00 – 3:30)

Pre-K

3 Day Program:

Tuition Rate: \$165.00/Month *This includes our Student Activities Fee.

Child must turn 4 prior to September 1, 2012 (no exceptions)

_____ Mon. /Wed. /Fri. AM Pre-K (9:05 -11:35)

_____ Mon. /Wed. /Fri. PM Pre-K (1:00 - 3:30)

5 Day Program:

Tuition Rate: \$260.00/Month *This includes our Student Activities Fee.

Child must turn 4 prior to September 1, 2012 and turn 5 prior to March 1, 2013 (no exceptions)

_____ Mon. – Fri. PM Pre-K (9:05 - 11:35AM)

***We would like to receive Jack & Jill Scholarship information. ____yes ____no**

Child's Name _____ M ___ F ___

Nickname Used (if applicable) _____

Child's Age _____ Child's Date of Birth ___/___/___

Child's Complete Address _____

_____ Zip Code _____

Mailing Address (if different from above) _____

School district you reside in _____

Home Phone _____ Unlisted ___yes ___no

E-mail address _____

Child lives with: both parents mother father grandparents other _____

Parents are: married separated divorced deceased (specify) _____

1. Mother's Name _____

Address (if different from child) _____

Mailing address (if different from child) _____

Occupation _____

Employer _____

Work Phone _____ Home Phone _____ Cell Phone _____

2. Father's Name _____

Address (if different from child) _____

Mailing address (if different from child) _____

Occupation _____

Employer _____

Work Phone _____ Home Phone _____ Cell Phone _____

3. Siblings (name and date of birth)

4. Person to notify in case of emergency, if parent(s) is unavailable (local person please).

Name _____

Phone _____

Name _____

Phone _____

5. Can child care for him/herself in the bathroom? _____
6. Holidays Celebrated ____ Christian ____ Jewish ____ Other ____ None
7. Please list any hobbies or interests you (the parent) have, musical instruments you play or languages you speak. _____

8. What form of discipline do you use with your child? _____

10. Please give a brief description of your child.
Temperament _____

Favorite activities _____

Anything else we should know? _____

11. Please list any previous preschool experiences. _____

12. How did you hear about Jack & Jill?
The Web _____
Yellow Pages or White Pages _____
Word of mouth from our Jack and Jill Family _____
Other _____

MEDICAL

Child's physician _____
Phone # _____
Date of most recent health exam _____

Allergies _____ Please list _____

Physical disabilities _____ Please list _____

Speech difficulties _____
Habits _____

Will you permit simple first aid for minor bumps and scrapes? _____
If the need arises, do we have permission to have your child transported to the hospital for emergency medical treatment? _____ Hospital preference _____

Other health related items we should be aware of (i.e., ear tubes, food allergies etc.) _____

IMMUNIZATIONS AND DATES

	DTP/DTAP	HIB	OPV/IPV	Hep B	MMR
Dates	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

VARIVAX _____ (immunization date or date child had chickenpox)

Immunization Key:

- DTP/DTAP – Diphtheria/Tetanus/Pertussis (May have been given as one injection under the name Tetramune)
- HIB – Haemophilus influenzae type B
- OPV/IPV – Polio
- Hep B – Hepatitis B
- MMR – Measles/Mumps/Rubella
- VARIVAX – Varicella or Chickenpox

Parent's signature _____
date

*** An additional health assessment from your child's physician is required prior to the start of school.**