



Jack and Jill Christian Preschool
REGISTRATION FORM 2018-2019

www.jackandjillchristian.com

stacy@jackandjillchristian.com

(971) 264-4335

FOR OFFICE USE ONLY

Date	_____
Reg Fee Paid	_____
Sept Tuition Paid	_____
May Tuition Paid	_____
Sibling _____	LB: M T W TH
Cash _____	Ck/MO _____
Total Amt Paid	_____
Other: _____	Rec'd by _____
EB Amt _____	Pd by _____
Disc _____	Rec'd by _____
Special notes:	_____

Class Enrollment _____ 3's Class _____ 4's/Pre-K Class

Student's First Name _____ Last Name _____

Date of Birth _____ Male Female

Address _____ City _____ Zip Code _____

Parent / Guardian Information

Student Lives with: Both Parents Mother Father Guardian

Mothers First Name _____ Last Name _____

Fathers First Name _____ Last Name _____

Address _____ City _____ Zip Code _____

Primary Email _____ Secondary Email _____

Primary Phone _____ Secondary _____

If parents are separated, please indicate the person having legal custody of the child.

(Please attach a copy of any documentation)

Name: _____ Relationship: _____

Child's allergies or special needs: _____

Is the child taking any prescribed medication? _____

Emergency Contact

First Name _____ Last Name _____
Address _____ City _____ Zip Code _____
Email _____ Phone _____

Tuition & Registration

Registration Fee: \$60.00 non-refundable (This guarantees your child enrollment.)

Monthly Tuition: \$150.00

The registration fee assures your child's enrollment at the beginning of the school year and is non-refundable. The registration fee is due at the time of enrollment. The September tuition is due on or before the first day of school. Monthly tuition will be due on the first day of each month thereafter. Student accounts not paid in full by the 5th of the month will be assessed a \$15 per day late fee until tuition is received. If tuition has not been received by the 10th of the month your student will not be allowed to attend school until payment has been received or arrangement made with the administrator.

Tuition must be paid whether your child attends school or not as long as they remain on the attendance roster. If your student withdraws or is asked to depart during the course of a month, no tuition funds will be refunded. Tuition adjustments will not be made for school days missed due to weather, illness, etc. All other tuition arrangements must be cleared 30 days in advance by the Director.

Any child not picked up by 12:15 pm will incur a **\$1.00 per minute late pickup fee** this will be reflected in the next month's tuition invoice. **There is a \$35.00 handling charge for all checks returned by the bank marked NSF.** If a check is returned NSF all future funds must be received via credit card or cash.

I/we give permission for our child to take part in all school activities, including school sponsored trips away from the premises and absolve Jack and Jill Christian School and Grace Baptist Church from liability to us or our child because of any injury to our child at school or during school activity. The school will provide supervision for all activities. I understand that this release includes any claims based on negligence, action or inaction of Grace Baptist Church, Jack & Jill Christian School, its staff, directors, members, and guests. I have read and am voluntarily signing this authorization and release.

Immunization Forms Are Due on or Before September 6, 2018

All Students Must Be Toilet Trained to Enroll

I have read and understand the policies of Jack and Jill Christian School for the 2018-2019 School year.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Please return the completed registration form to stacy@jackandjillchristian.com

Jack and Jill Christian School

EMERGENCY CONTACT & PHYSICIAN INFORMATION

Student's Legal Name _____ Date of Birth _____ Grade _____

Student's Nickname _____

Please list siblings' names, ages, and schools: _____

3. EMERGENCY CONTACT/PICK-UP INFORMATION

List three neighbors or relatives who will assume care of your child **if you cannot be reached**. Those designated below, other than parents listed on other side of form, are authorized to pick up my child from school in an emergency (listed in order of preference).

1. Name	Relationship to child	Daytime Phone
_____	_____	_____
	Address	Cell Phone or Pager
	_____	_____
2. Name	Relationship to child	Daytime Phone
_____	_____	_____
	Address	Cell Phone or Pager
	_____	_____
3. Name	Relationship to child	Daytime Phone
_____	_____	_____
	Address	Cell Phone or Pager
	_____	_____

4. MEDICAL/PHYSICIAN INFORMATION

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents cannot be reached.

List student's known allergies or medical conditions: _____

Preferred Doctor: _____ Address _____ Telephone _____

Preferred Dentist: _____ Address _____ Telephone _____

Preferred Hospital: _____

PARENTAL CONSENT: In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent/Guardian signature: _____ Date: _____