



280 Hillcrest Road
Lebanon, PA 17042

Childs Name _____ Age _____ DOB _____

Jack & Jill Preschool 2018 – 2019 Registration Form

Registration Fee for all programs \$60.00 – NON REFUNDABLE
Registration forms can be processed ONLY if they are filled out completely.

Terrific Two's

Tuition Rate: \$55.00/Month

Child should ideally be 30 – 36 months prior to September 1, 2018.

_____ Friday AM 2 year old class (9:00 – 10:00)

_____ Friday AM 2 year old class (10:30 – 11:30)

Preschool (3 year olds)

Tuition Rate: \$130.00/Month

Child must turn 3 and must be fully potty-trained prior to September 1, 2018.

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

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

Pre-K (4 & 5 year olds)

3 Day Pre-K:

Tuition Rate: \$185.00/Month

Child must turn 4 and must be fully potty-trained prior to September 1, 2018.

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

_____ Mon./Wed./Fri. PM Pre-K (12:35 – 3:05 or 12:45 - 3:15)

5 Day Pre-K:

Tuition Rate: \$285.00/Month

Child must turn 5 prior to March 1, 2019.

****Our 5 Day Pre-K Program requires the \$60 registration fee, plus prepayment of September's tuition of \$285, for a total of \$345.00. NON REFUNDABLE.*

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

_____ Mon. – Fri. PM Pre-K (12:45 - 3:15PM)

*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. Does your child have any outside services (i.e. speech, physical/occupational/behavioral therapy, etc.) that would be helpful for our teachers to know?

13. Do you have any speech or language concerns for your child? We would like to make the teachers aware of them so they may better support your child.

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

MEDICAL

Please complete as much as possible and update the shot record prior to the start of school.

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

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

VARIVAX _____ (immunization date or date child had chickenpox)

Immunization Key:

- DTP/DTAP – Diptheria/Tetanus/Pertussis (May have been given as one injection under the name Tetrammune)
- 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.**