



# ADMISSION APPLICATION

Jump for Joy Preschool - Ft. Mitchell Baptist Church  
2323 Dixie Highway, Ft. Mitchell, KY 41017

## Child

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Sex  M  F Age child will be on August 1<sup>st</sup> \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Home Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_

Address (If different from child) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Title \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Address (If different from child) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Title \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Names & Ages of Siblings \_\_\_\_\_

## Choose Program

ALL CLASSES 9:30 am - 1:30 pm

Two's (by Aug 1)       Three's (by Aug 1)      Choose Day Schedule →       Mon / Wed / Fri       Other  
 Young 3's (by Nov 15)       Four's (by Nov 15)       Tue / Thu      \_\_\_\_\_

Pre-K (by Aug 1)      Choose Day Schedule →       Mon / Wed / Fri       Mon / Tue / Thu       Full Week

FOR OFFICE USE BELOW THIS LINE

\$75.00 Registration fee paid       Cash       Check # \_\_\_\_\_ Date \_\_\_\_\_



# EMERGENCY CONTACT INFORMATION

Jump for Joy Preschool - Ft. Mitchell Baptist Church  
2323 Dixie Highway, Ft. Mitchell, KY 41017

## Child

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Starting with the primary home phone, child's parents/guardians are contacted on their cells, then their work phones if given. Leave blank any phone number which is not applicable.

**Parent's/Guardian's Contact Information** Primary Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Emergency Contacts

**IT IS REQUIRED THAT THE FOLLOWING INFORMATION BE FILLED IN:**

**Physician** \_\_\_\_\_ **Phone** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Allergies** Please list **OR** write "NONE" \_\_\_\_\_

**Preferred Hospital** \_\_\_\_\_

**Insurance Co.** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Emergency Contacts** - In the event that the child's parents/guardians cannot be reached at the numbers indicated above, these numbers will be contacted. Please list **in order** your emergency contacts. These people will also be permitted to pick up your child from school.

**1** Name \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**2** Name \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**3** Name \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**\*Person picking up child will be asked to show driver's license.**

*I give the above named persons permission to pick up my child in case of any emergency or carpool purposes. I hereby give permission to trained medical professionals to administer emergency medical treatment to my child, should any sickness or accident occur in my absence.*

**Parent's/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_