



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 1st _____

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** _____