



# 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** \_\_\_\_\_

## Registration Information

**Class schedule**  M/W/F 9:30am - 1:30pm  T/TH 9:30am - 1:30pm  M-F 9:30am - 1:30pm

**Program**  2's  3's  Fall 4's  Pre-K

----- FOR OFFICE USE BELOW THIS LINE -----

**\$50 Registration fee paid**  Cash  Check # \_\_\_\_\_ Date \_\_\_\_\_

**Classroom supply fee paid** Amount \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Date \_\_\_\_\_



# Emergency Contact Information

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## 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

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

Allergies \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

**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 \_\_\_\_\_