



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 _____

Registration Information

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

Program Fall 3's (3 by Nov. 15) 3's (3 by Aug. 1) Fall 4's (4 by Nov. 15) Pre-K (4 by Aug. 1)

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

\$50 Registration fee paid Cash Check # _____ Date _____

Classroom supply fee paid Amount \$ _____ Cash Check # _____ Date _____



Emergency Contact Information

Jump for Joy Preschool - Ft. Mitchell Baptist Church
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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

IT IS REQUIRED THAT THE FOLLOWING INFORMATION BE FILLED IN:

Physician _____ **Phone** (____) ____ - ____

Allergies Please list **OR** write "NONE" _____

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** _____