

Jackson Christian PRESCHOOL

4316 Bruce Road, Chesapeake, VA 23321
(757)966-2138 * (757) 484-5804 (FAX)
jacksonchristianpreschool@gmail.com

Enrollment Application 2021-2022

Thank you for entrusting us with your precious little one. Please submit your completed enrollment application and registration fee by:

Mailing it to 4316 Bruce Road, Chesapeake, VA 23321

Or

Emailing the application to jacksonchristianpreschool@gmail.com and making payment using the payment button found at jacksonchristianpreschool.com

Date of Application _____

Child's Name: First _____ Middle _____ Last _____

Date of Birth _____ Male _____ Female _____

Parent's relationship to each other: _____ Married _____ Divorced _____ Separated _____ Single

Child lives with (check all that apply):

_____ Mother & Father _____ Mother _____ Father _____ Other _____

Father's Name _____

Phone (hm) _____ (cell) _____ (wrk) _____

Home Address _____ Email Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Mother's Name _____

Phone (hm) _____ (cell) _____ (wrk) _____

Home Address _____ Email Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Class Applying For:

* Registration: \$150

3 Year Old: _____ 3 day a week Monthly Tuition: \$260 or _____ 5 day a week Monthly Tuition: \$280

4 Year Old _____ 3 day a week Monthly Tuition: \$260 or _____ 5 day a week Monthly Tuition: \$290

*** Registration Fee is non-refundable upon acceptance into program.**

Family religious preference _____ Church Membership _____

How did you find out about our program? _____

Know Allergies: _____

PREVIOUS PRESCHOOL EXPERIENCE: _____

PHOTOGRAPHING / VIDEO CONSENT

I herein grant permission for my child(ren) to be photographed and / or videotaped while participating in activities sponsored by Jackson Christian Preschool, 4316 Bruce Road, Chesapeake, VA 23321. Furthermore, I also give permission for the photos and / or video to be utilized in materials (including the church website and social media) for promotional purposes as long as my child(ren) are not identified by name. I also agree to hold harmless the above-named parties for any injuries arising from the process of acquiring the media or from its use.

Parent / Guardian Signature

TRANSPORTATION RELEASE

It is understood that parents / guardians already have authorization to pick up their child from preschool. Please list below, relatives, friends, and parents **without custody** who you authorize to pick-up your child from preschool. All individuals must present a picture I.D. in order for your child to be released to them. Only custodial parents / guardians may make changes to this list of authorized individuals.

Name _____ Relationship to child _____

Phone (hm) _____ (cell) _____ (wrk) _____

Home Address _____ Email Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Name _____ Relationship to child _____

Phone (hm) _____ (cell) _____ (wrk) _____

Home Address _____ Email Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Please list all spouses / ex-spouses, non-custodial parents, grandparents, family members, and / or friends who **cannot** pick up your child from preschool: _____

Is there legal documentation to support this request? ____ Yes ____ No

Type of document? _____

FOR OFFICE USE ONLY

Date Received: _____

☐ Parental Permission & Release Form

☐ Back to School Notice Sent

☐ Registration Fee Paid Check # _____ or ____ Online

☐ Parent Agreement & VA Health Form Sent

Class _____