



Select Class	Cost
M/W/F Extended Day_____	\$190/month
M/W/F Regular Day _____	\$145/month
Tuesday/Thursday _____	\$100/month

Mother's Name:_____	Father's Name:_____
Mother's Address:_____	Father's Address:_____
City/State/Zip:_____	City/State/Zip:_____
Mother's Phone:_____	Father's Phone:_____
Mother's Employer:_____	Father's Employer:_____
Work Phone:_____	Work Phone:_____

Step – Mother's Name:_____	Step – Father's Name:_____
Step – Mother's Address:_____	Step – Father's Address:_____
City/State/Zip:_____	City/State/Zip:_____
Step – Mother's Phone:_____	Step – Father's Address:_____
Step – Mother's Employee:_____	Step – Father's Employer:_____
Work Phone:_____	Work Phone:_____

In case of an emergency, whom should we contact first?_____

Phone:_____

Please list at least one additional emergency contact person (other than yourself) and phone number:

Liability/Medical Release

In consideration of being accepted by Jefferson Community Church for participation in JCPS, I/we being parents/legal guardian of:_____, do release and agree to hold harmless Jefferson Community Church and the directors thereof from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/legal guardian and child-participant while the child is participating in the program.

I/We, on behalf of our child-participant, assume all risk of personal injury, damage, and expense as the result of participation in recreational activities involved. Authorization and permission are given to said church to furnish any necessary transportation, food, and lodging for our child-participant.

I/We, as parents/legal guardians of the child-participant give our permission for him/her to participate fully in all activities. We give our permission to take said participant to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he/she cannot be reached, the director and/or other staff may choose a reputable physician.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we assume all transportation costs.

I give my permission for my child's picture (but no identifying information) to be used in publicity for JCPs, which may include, but is not limited to, publication on the church website and the Preschool's Private Facebook Group.

Child's Name:_____ Signature of Parent/Legal Guardian:_____

Child's Information

Please complete the section below for each child who will be attending Preschool this school year.

Child's Name: _____ Preferred Name: _____

Birthdate: _____ Gender: _____ Age: _____

Is your child left or right handed? _____ Is your child more comfortable with children or adults? _____

In what kinds of situations will your child need the most help?

What have you found to be the most effective way to discipline your child?

What do you hope your child will gain by attending Preschool?

Has your child had any traumatic experiences that may make him/her fearful? _____

If yes , please explain: _____

Are there current court orders related to the custody of your child? _____

If yes, please provide documentation.

Are there any current court orders that restrict a named person from having access to your child? _____

If yes, please provide documentation.

Please list any additional information that you feel the staff would need to know about your child as well as the most important behavioral, social, and emotional areas you would like to see your child work on.