



Jamestown United Methodist Preschool (JUMP)

403 E. Main St.
Jamestown, NC 27282

336.454.2755
martha@jumc.org

2024-2025 Registration Fees & Program Information

Here is your Enrollment packet! Thank you for sharing your child with us! We're excited to have you here at JUMP!

Please complete and turn in these forms to the director. This will ensure your child is officially enrolled. **The registration fee is \$85 and \$75 for each additional enrolled sibling.** For enrollment in any of our classes, your child must have turned that age **on or before August 31st.**

The Toddlers*, 2s & 3s classes meet 9:00am—12noon daily.

2 days a week class (Toddlers & 2s only)	\$180
3 days a week class	\$200
4 days a week class	\$260
5 days a week class	\$290

* at least 1 year old and walking

The 2 day class typically meets Tu/Th and the 3 day class is Mon/Wed/Fri. There are times when a different combination is needed. We can meet this need in all classes except the 4 & 4/5 class.

The class time for our 4 & 4/5 students is 9:00am-1:00pm Mon, Tues & Wed. Thurs & Fri class is from 9:00-12noon with the option of Lunch Bunch for an additional monthly fee on Thurs and/or Friday.

4 day /4 yr old class	Mon - Thurs	\$260
5 day / 4 or 4/5 class	Mon - Fri	\$290

The curriculum for the 4/5 class is a 5 day a week class only. Students placed in this class must be 5 by Dec.15th. In special circumstances, we will assess 4 year old students who do not meet that birth date of 12/15 on an individual basis to determine readiness for this class. Both of our 4 year old & 4/5 year old classes focus on Kindergarten readiness. We meet each child where they are academically and emotionally.

We will offer Lunch Bunch from 12noon - 1:00pm for an additional monthly fee. *Enrollment for Lunch Bunch will take place in late September and begin the first week in October through the end of May.*

All vaccines must be up to date. When a new vaccine is given a new record must be given to the director. No exceptions.

If you have any further questions, please feel free to contact me!! Thank you!!

*** Please keep this page as a reference for fees & tuition. ***

Application for Enrollment

Child's Name _____
First MI Last

Date of Birth _____ Age on 1st day of school _____ Name child goes by: _____

Address _____ City _____ Zip _____

Primary Phone _____ landline or cell (please circle)

Primary Email Address: _____ (please print clearly)

How often is it checked? Daily ___ Weekly ___ Other _____

Mother's Name _____
 Work Phone _____ Cell _____

Father's Name _____
 Work Phone _____ Cell _____

Office Use Only

Appl. Received _____

Amt. Received _____

Check No. _____

Reg fee paid in Procare: Y N

Enrolled Student Y N

New Student Y N

Sibling of _____

Additional Notes: _____

***** I will contact you through the primary phone number & email. *****

Please check the class and days in which you are interested in enrolling your child: (Must be that age on or before August 31.)

1 year old class	___2 day	___3 day	___4 day	___5 day	Mon	Tues	Wed	Thur	Fri
2 year old class	___2 day	___3 day	___4 day	___5 day					
3 year old class		___3 day	___4 day	___5 day					
3 year old/3 day class	___ Mon/Wed/Fri only option								
4 year old class			___4 day*	___5 day					*4 day option is Mon-Thur only
4/5 year old class				___5 day					

By signing below I understand the program is dependent upon the revenue from enrollment to finance its operation and the **registration fee due with this application** reserves my child's place and **will not be refunded**.

Registration may be paid through MyProcure.com. Designate you intend to do that by initialing here: _____

I understand tuition is due on the 1st day of the month and no later than the 15th day. There is no refund for absences. Should a child be subject to a prolonged absence, making payment impractical, he may become inactive, and his name will be exchanged with the first name on the waiting list and given an opportunity to re-enter should a vacancy develop.

I agree to comply with JUMP's health policy by presenting a current immunization report from a medical doctor and thereafter reporting to the director any occurrence of, or exposure to, a contagious illness or any medical condition that requires extra care or medicine. I also agree to ensure that the child is in a state of good health while in attendance. Note: For the safety of your child, we reserve the right to deny enrollment if a child's medical status is deemed beyond our capabilities and expertise. We cannot administer any medications (including topical ointments) other than an EpiPen, and can only administer a cleaning and bandaid for a cut or scratch.

I authorize JUMP/JUMC staff to treat my child in the event of an accident or to seek professional medical care on my behalf until I arrive at JUMP.

** I do **not** give permission for anyone to treat my child in the event of an emergency** _____
 Parent/Guardian Signature

By signing below I agree to hold JUMP/JUMC harmless and indemnify its employees, agents and volunteers from any claims, demands, liabilities, losses, costs, expenses or damages sustained or incurred arising from the use of the property.

Parent/Guardian Signature _____ Date: _____

JUMP does not discriminate on the basis of race, color, national and ethnic origin with regard to admission, educational policies, scholarships, rights, programs, activities and other privileges at our school.

Please complete back of this page

Photo, Video Consent & Directory Consent

If you are enrolling more than one child, you need only to complete one permission form.

Photo/Video Consent:

At various times during the school year, we take pictures of our students during events or activities at school or field trips. We would like to display these photos on the bulletin board, put on our website/app and/or social media page, reproduce in our marketing materials (brochures), and/or send press releases with photos or tape to various media outlets. Names of children are **never** published.

CONSENT: My child(ren) _____

____ I **DO** consent and allow my child to be filmed, videotaped and/or photographed for purposes of publication by JUMP. Check all that apply:

____ Social Media (Facebook/Instagram) ____ JUMC.org website preschool page ____ Newspaper
____ Marketing materials ____ Private (invitation only) class site/app (Shutterfly, Remind, Bloomz)

Parent/Guardian Signature

____ I do **NOT** consent nor allow my child to be filmed, videotaped and/or photographed for purposes of publication by JUMP. Check all that apply:

____ Social Media (Facebook/Instagram) ____ JUMC.org website preschool page ____ Newspaper
____ Marketing materials ____ Private (invitation only) class site/app (Shutterfly, Remind, Bloomz)

Parent/Guardian Signature

Directory Consent:

*This directory is to be used for home use only. It should **not** to be reproduced or used for any reason other than contacting JUMP families for **JUMP related** activities, i.e., playdates, birthday parties, etc.*

____ **YES**, we'd like to be included in the directory.

The information you provide below is what will be published in the directory.

____ **NO**, please print only my child's name in the directory.

Child's name printed

2nd Child's name printed (if applicable)

Printed first names of Parent(s)/Guardian(s)

Primary phone number (circle: home or cell)

Address

Email address printed

City Zip

Parent/Guardian Signature _____ Date _____

Personal Information Sheet

Child's Name _____

Family Information

Mother's Name _____ Occupation* _____

Father's Name _____ Occupation* _____

** I ask this in case you do something really cool that you'd like to come in for show and tell. i.e. K-9 Police officer!*

Child lives with: Both Parents ____ Mother ____ Father ____ Other ____

If your child lives with Other, please state name and relationship _____

<u>Other Members of Household</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about JUMP? Check all that apply ____Family/Friend/Neighbor ____Church Members
____Drive by ____Social media ____Other: _____

Do you have a Church home? Yes ____ No ____ Would you like to receive information from Jamestown United Methodist Church? Yes ____ No ____

This Preschool is an important part of their mission to the community and they would welcome any family to visit. If you would like to contact the Church please call 336/454-2717.

Pick-Up Information

Please list individuals who are authorized to pick up your child if you cannot be reached:

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list anyone who is **NOT** allowed to pick up your child:

NOTE: Your child will not be allowed to get in a car with someone you have not authorized in the pick-up section above. If someone new is picking up they must show us a valid ID and have a car/booster seat properly installed. You must call the director or the teacher to alert them to a change if that person is not on the pick up list.

Please complete back of page

Tell us about your child:

Any allergies to food, pollen, medication, etc? Yes ___ No ___

If yes, please describe _____

My child is fully and properly immunized by a medical doctor. Yes ___ No ___

I agree to submit a current immunization schedule before my child attends JUMP. Yes ___ No ___

*Note: For the health and protection of our other families, an answer of **No** will prevent your child from enrolling at JUMP.*

Take any type of medication on a regular basis? Yes ___ No ___

Note: We are not allowed to give your child any medication (except an EpiPen) while at JUMP.

Had any previous child related group interactions? Check all that apply:

___ Preschool ___ Sunday School ___ Dance/Gymnastics

___ Special Interest Classes ___ Play groups (ie, MOPS) ___ Other: _____

Fully potty trained? Yes ___ No ___ Comment: _____

Any unusual fears, habits, or problems? Yes ___ No ___ If yes, please describe: _____

Any problems with or screenings for:

Hearing: Yes ___ No ___ **Vision:** Yes ___ No ___ **Speech** Yes ___ No ___

If yes, please describe _____

Any other conditions to be aware of? Yes ___ No ___

If yes, what? _____

Any physical condition which would limit his/her participation in any preschool activity?

Yes ___ No ___ If yes, please describe _____

Any special needs? _____

Ever been tested or referred for any special developmental testing? Yes ___ No ___

If yes, please describe _____

Is there anything else we should be made aware of that will help your child have a successful, rewarding and complete experience at JUMP? _____

What goals would you like your child to meet this year: _____