



# Jamestown United Methodist Preschool (JUMP)

403 E. Main St.  
Jamestown, NC 27282

336.454.2755  
martha@jumc.org

## 2025-2026 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 1/2s\*, 2s & 3s classes meet 9:00am -12noon daily.

2 days a week class (1/2s & 2s only)	\$190
3 days a week class	\$220
4 days a week class	\$270
5 days a week class	\$300

\* between the ages of 1 and young 2 year olds 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.

4 day /4 yr old class	Mon - Thurs	\$270
5 day / 4 or 4/5 class	Mon - Fri	\$300

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!!

*Martha*

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

<p>Child's Name _____</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>First</span> <span>MI</span> <span>Last</span> </div> <p>Date of Birth _____ Age on 1st day of school _____ Name child goes by: _____</p> <p>Address _____ City _____ Zip _____</p> <p>Primary Phone _____ landline or cell (please circle)</p> <p style="margin-left: 40px;">Who will this number reach? _____</p> <p>Primary Email Address: _____ (please print clearly)</p> <p>Who will this email reach? _____</p> <p>How often is it checked? Daily ____ Weekly ____ Other ____</p> <p>Mother's Name _____ Father's Name _____</p> <p>Work Ph _____ Cell _____ Work Ph _____ Cell _____</p> <p style="text-align: center; font-weight: bold; margin-top: 10px;">*** I will contact you through the primary phone number &amp; email listed above. ***</p>	<p style="text-align: center; border-bottom: 1px solid black; margin-bottom: 10px;"><u>Office Use Only</u></p> <p>Appl. Received _____</p> <p>Amt. Received _____</p> <p>Check No. _____</p> <p>Reg fee paid in Procure:    Y       N</p> <p>Enrolled Student                                Y       N</p> <p>New Student                                        Y       N</p> <p>Sibling of _____</p> <p>Additional Notes: _____</p> <p>_____</p> <p>_____</p>
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1/2 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 for the 4 year old class is Mon-Thur <u>only</u>				
4/5 year old class				___5 day					

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

I understand tuition is due on the 1<sup>st</sup> day of the month and no later than the 15<sup>th</sup> 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 water 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 video 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:

\_\_\_\_ JUMP newsletter \_\_\_\_ Social Media (Facebook/Instagram) \_\_\_\_ JUMC.org website preschool page  
\_\_\_\_ Newspaper \_\_\_\_ Marketing materials \_\_\_\_ Private (invitation only) class site/app

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_ JUMP newsletter \_\_\_\_ Social Media (Facebook/Instagram) \_\_\_\_ JUMC.org website preschool page  
\_\_\_\_ Newspaper \_\_\_\_ Marketing materials \_\_\_\_ Private (invitation only) class site/app

\_\_\_\_\_  
Parent/Guardian Signature

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## Directory Consent:

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

\_\_\_\_\_  
2<sup>nd</sup> 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 clearly)

\_\_\_\_\_  
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 \_\_\_\_\_  
Name    /    Relationship

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

## 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>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 outcome and date of screening: \_\_\_\_\_

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: \_\_\_\_\_