



Jarvis Preschool Enrollment Form 2026-2027

Babies/Tadpoles 2 day (\$175) 3 day (\$220)

4 day (\$280) 5 day (\$330)*Please circle preferred days below

Preferred Days: MW, TTH, MWF, TWTH, WF, M-TH, T-F, M-F

2 Year Olds TWTH (\$205) M-F (\$315)

3 Year Olds TWTH (\$200) M-F (\$295)

PreK M-Th (\$230) M-F (\$250)

*We reserve the right to have flexibility in adjusting classes based on demand

*Class eligibility is determined by birthdate as of 8/31 (2 by 8/31 to be in 2s class)

*Non-refundable enrollment fee in the amount listed above will be billed via Brightwheel when you register.

*Your enrollment is confirmed when we have received a completed enrollment form, enrollment fee, and shot record.

Child's Name: _____

Preferred Name: _____

Birth Date: _____

Gender: _____

Mother's Name: _____

Preferred Name: _____

Email Address: _____

Cell #: _____

Address: _____

Employer: _____

Work#: _____

Father's Name: _____

Preferred Name: _____

Email Address: _____

Cell #: _____

Address: _____

Employer: _____

Work#: _____

Religious Affiliation: _____

Which parent to contact first? _____

If you are new to Jarvis, how did you learn about our school? _____

We love for parents to be involved in the school. Please check if you are interested in helping with or learning more about:

Preschool Committee Substitute Teacher (paid position) Classroom Volunteer

Emergency Contacts (Other than Parents)

1) Contact Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

2) Contact Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

For Office Use: Student Entered: _____ Date Applied: _____ Active: _____ Enr. Fee Billed: _____

Date Fee Paid: _____ BW Data Complete: _____ BW Billing Plan: _____ Class Assigned: _____

Children's Medical Report

Note: Immunization records are required with submission of preschool application. All childcare facilities require this information to be on file.

Medical History (may be completed by parent)

1. Is your child allergic to anything? _____ yes _____ no

If yes, what? _____

2. Is your child currently under a doctor's care? _____ yes _____ no

If yes, for what reason? _____

3. Is your child on any continuous medication? _____ yes _____ no

If yes, what and what for? _____

4. Any previous hospitalizations or operations? _____ yes _____ no

If yes, when and what for? _____

5. Any history of significant previous diseases or recurrent illness? _____ yes _____ no

Diabetes _____ yes _____ no Convulsions _____ yes _____ no

Heart trouble _____ yes _____ no

6. Does your child have any physical disabilities? _____ yes _____ no

If yes, please describe _____

Any developmental delays? _____ yes _____ no

If yes, please describe _____

Signature of Parent or Guardian _____

Date _____

Has your child ever attended preschool? _____ If so, where? _____

What are your child's strengths? _____

What do you hope your child will gain from Jarvis Preschool? _____

Significant information which would contribute to a better understanding of your child and his/her needs:
