



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:
