

**JAC PRESCHOOL**  
**770.321.8484**  
**Enrolment Application**

Non-Refundable Application fee of \$150.00 and security of \$100.00 needed to complete the registration.

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Subdivision \_\_\_\_\_

Child's Gender M [ ] F [ ]

**Mother/Guardian #1 Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Subdivision \_\_\_\_\_

Work Telephone \_\_\_\_\_ Email \_\_\_\_\_

Work Address \_\_\_\_\_

STATE \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_  
ZIP CODE \_\_\_\_\_

Fax # \_\_\_\_\_ Cell # \_\_\_\_\_ Home Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

**Father/Guardian # 2 Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Subdivision \_\_\_\_\_

Work Telephone \_\_\_\_\_ Email \_\_\_\_\_

Fax # \_\_\_\_\_ Cell # \_\_\_\_\_ Home Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Address \_\_\_\_\_

STATE \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_  
ZIP CODE \_\_\_\_\_

**Family Status** [ ]Married [ ]Divorced [ ]Widowed [ ]Single  
**Custody** [ ]Both Parents [ ]Mother [ ]Father [ ]Other

Select Day Care Program (Operation Hours: Extended Day- 7:00am-6:00pm)

**(Please circle)**

Half Day 9:00-12:30/ Full Day 9:00-4:00/7:00am-4:30pm Extended Day 7:00-6:00 or 9:00-6:00  
Special program 8:30-2:30  
Regular School Year/ Extended School Year (including summer camp)

Fridays Early/After Care/Holiday Camp are provided at additional coast

A Non-Refundable Application Fee of \$150.00 and \$100.00 security is required to complete the registration for your child enrollment. We will deposit the checks/credit payment only if your child was accepted to our program. You agree to pay \$\_\_\_\_\_ for 5 Days from \_\_\_\_\_am to \_\_\_\_\_pm There is NO Tuition/Security refund for dropping/leaving school.

\_\_\_\_\_ (parents initial)

Parents will notify JAC in written letter 30 days (last week of any month only) before leaving school on termination of signed agreement. Parents are responsible paying school one, (1) monthly tuition payments to JAC until the last day of attending.

Parent will provide Kosher Food on holiday camps. We do not serve lunch on short dismissal days, 12:00pm dismissal at all locations. Parents will pay separately yearly fee of \$0.00 for Kosher Food Program is provided.

Parents will submit 10 checks dated for each month of the school year (optional), or would give their credit card information to make monthly payments (there is a 3% charge using any credit) **\$50.00 late fee** payment, made after the 1<sup>st</sup> of each month by 4:00pm. JAC would charge \$45, for returned check.

\$10.00 per child, after signed pick up hour. (7:00am to 4:30pm)

Signature of Parent/guardian \_\_\_\_\_  
MOTHER/GUARDIAN FATHER/GUARDIAN

Date \_\_\_\_\_

**Release: I hereby give my permission for my child to be picked up by (PLEASE PRINT)**

**Contact Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

Cell # \_\_\_\_\_ Home Phone # \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

Cell # \_\_\_\_\_ Home Phone # \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

Cell # \_\_\_\_\_ Home Phone # \_\_\_\_\_

**Person to contact in case of emergency when parent or guardian cannot be reached:**

**\*Emergency Contact Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

Cell # \_\_\_\_\_ Home Phone # \_\_\_\_\_

**\*Emergency Contact Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

Cell # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Name of Public or Private school child attended, if any: \_\_\_\_\_

Pediatrician Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ ID # \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

My child has the following special needs: \_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at center: \_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continues use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_

Notes: \_\_\_\_\_

**Release**

I, \_\_\_\_\_ hereby give my permission for my child to participate in all programs, activities and field trips as part of the School Year at Javits Academy Center. I understand and fully recognize that risks are involved. I hereby give my permission for Javits Academy Center, known as JAC to take and publish pictures, videos taken of my child. JAC publishes with NO security system on pictures and videos with parents' permission authorization signature only.

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

Date \_\_\_\_\_

**For office Use Only**

Date Received \_\_\_\_\_ Entrance Date: \_\_\_\_\_ Medical Form: \_\_\_\_\_

School Enrollment: Fall Winter Spring Summer Camp Weekly from:

\_\_\_\_\_ To: \_\_\_\_\_

School Tuition of 20\_\_\_\_ Application Fee \$ \_\_\_\_\_ Tuition Fee \$ \_\_\_\_\_ Food Service \$ \_\_\_\_\_ Music \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Bank \_\_\_\_\_

Check # \_\_\_\_\_

**Emergency Medical Authorization**

Should \_\_\_\_\_ Date of Birth \_\_\_\_\_ Suffer an injury or illness while in the care of Javits Academy Center, known as JAC and the facility is unable to contact me (us) or emergency contact (s) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for service.

My child will be transported to Children’s Healthcare of Atlanta at Scottish Rite.

Parent’s Signature \_\_\_\_\_

MOTHER/GUARDIAN FATHER/GUARDIAN

Date: \_\_\_\_\_

Facility Administrator/Person-in Charge Shoshana Javits

Date: \_\_\_\_\_

## Parents Checklist of Application Requirements

A COMPLETED APPLICATION TO THE JAVITS ACADEMY CENTER INCLUDES: (No Child is register without providing Application Requirements)

- 1. Application form
- 2. Signed Parental Agreement with Javits Academy Center, Known as JAC
- 3. Parent policy verification form
- 4. Application fee \$150.00 (Non-Refundable)
- 5. Security of \$100.00
- 6. Monthly tuition payable by the 26 of each month and before child starts school
- 7. Copy of birth certificate
- 8. Current immunization certificate (Georgia Immunization Certificate #3231)
- 9. Parents will provide kosher food (Brookhaven and Johns Creek locations only)
- 10. School Supply (Ask for School Supply List, bring it on or before your child's 1<sup>st</sup> day)
- \* Others \_\_\_\_\_

The above material must be received before your child start school. Registration will be based on first come first serve.

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