

JAC PRESCHOOL
770.321.8484
Enrollment Application

Non-Refundable Application fee of \$150.00 and Half of the Tuition fee agreed to pay is needed to complete your registration. (Half of the tuition pay will go toward 1st month pay)

* **JAC** Location your child is sign in _____

I am applying for: (check only those that apply) 2018 2019 2020 2021

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 _____

Cell # _____

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 _____

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

Program signed for _____ days a week, from _____AM TO _____PM
(Refer to Program and schedule hours' information page)

(NO waived fees for vacations/sick days/school closed/holidays/weather/Other

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

A Non-Refundable Application Fee of \$150.00 and \$half of the tuition fee for \$_____ is required to complete the registration for your child enrollment this fee will go toward your first month. No Refund in case of withdrawing. We will deposit the check payment only if your child was accepted to our program. You agree to pay \$_____ for ___ Days from ___am to ___pm There is NO Application or Tuition refund.
_____ (parents initial)

Parent will provide healthy Food (No meat) in our camps. We do not serve lunch on short dismissal days, (12:00pm dismissal) on any of our locations. Our Tuition do not include food program. Parents will pay separately monthly fee of \$125.00 for Food Program (Lunch only)

Parents will submit 3 checks dated for the 26 in each month of 20__ school year every quarterly.

Signature of Parent/guardian _____
MOTHER/GUARDIAN FATHER/GUARDIAN

Date _____

I am applying for: (check only those that apply) [] 2018 [] 2019 [] 2020 [] 2021

Start Day _____ year of _____

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 this School Year at Javits Academy Center. (JAC Preschool) 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 registered 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. Half of the 1st tuition \$_____ (Non-Refundable. Will go toward your 1st month tuition payment)
- 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 1st day)
- * Others _____

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

All checks are payable to JAC Preschool.

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