



Jack & Jill Nursery Registration Form

Enrollment Form

Child Information

Child's Full Name:

Date of Birth/ Age at the time of enrollment:

_____ / _____

Gender (M/F): _____

Address: _____

Parent/Guardian #1 Name:

Name:

Home Address:

Phone Number:

Email Address:

Parent/Guardian #2 Name:

Name:

Home Address:

Phone Number:

Email Address:

Authorized Pick-Up Person

I authorize the following person to pick up my child from Jack & Jill Nursery:

Name: _____

Phone Number: _____

Program needed

- Infant Care (0–1 Years)
- Full-Time Toddler Care
- Full-Time Preschool

Days Child Will Attend

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Photo Release Consent

Jack & Jill Nursery occasionally photographs children participating in activities for classroom displays, newsletters, and social media pages.

I GIVE consent for my child to be photographed and used on Jack & Jill Nursery social media and promotional materials.

I DO NOT GIVE consent for my child to be photographed or used on social media or promotional materials.

Parent/Guardian Signature: _____

Date: _____

Parent Agreement & Policies

I understand and agree to the following:

- Tuition is due weekly before close of business.
- I agree to pay \$_____ per week for childcare services.
- A late tuition fee of **\$5.00 per day** will begin every Monday at 5:30 PM for unpaid balances.
- A late pick-up fee of **\$5.00 per every 5 minutes late** will apply.
- I agree that I will adhere to the drop-off & pick-up schedule that I chose during enrollment.
- I understand and agree to the 9 ½ hour policy in the handbook. Accounts may not become more than **2 weeks past due**.
- Leaving Jack & Jill Nursery with an unpaid balance may result in legal action.
- Parents must provide **diapers, wipes, breast milk, formula, and water** for infants and toddlers.
- Jack & Jill Nursery will provide breakfast, lunch, and two snacks daily.
- I agree to provide a **2-week written notice** before disenrolling my child.
- I agree to obtain yearly physicals for my child. Infants require physicals every 6 months.
- I agree to have the child health report signed and dated by my child's doctor.
- I agree to sign up for **Brightwheel**, Jack & Jill Nursery's communication system, immediately upon enrollment.

Parent/Guardian Signature

Signature: _____

Printed Name: _____

Date: _____

AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181(C); 3280.123 & 181(c); 3290.123 & 181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-OPERATOR
DATE
SIGNATURE-PARENT OR GUARDIAN
DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
SIGNATURE-PARENT OR GUARDIAN	DATE

