



REGISTRATION APPLICATION

JUMP Preschool Inc.
2705 Via Orange Way
Unit A Spring Valley Ca 91978
jumppreschoolkids@gmail.com

Child's Full Name:

Child's Birthday:

Child's Address

Parent 1: Name and Address:

Please Describe any allergies we should be aware of:

Parent 1:

Contact Phone: _____

I agree to text messages: _____

Contact Email: _____

Languages Spoken at Home:

Parent 2: Name and Address:

Sibling Name & Ages:

Parent 2:

Contact Phone: _____

I agree to text messages: _____

Contact Email: _____

List the full names & contact number of anyone who will pick up your child:

Child lives with:

Child's Dr & Number:

Please tell us the average Drop Off Time _____ and Pick Up Time _____

What is the desired Enrollment Start Date: _____

Parent signature / Date _____ Parent signature/ Date _____

Does your child receive developmental services? If so please describe. _____

