



REGISTRATION FORM 2023-2024

JUMP Preschool Inc.
2705 Via Orange Way
Unit A Spring Valley Ca 91978
619-303-1541
jumppreschoolkids@gmail.com

Child's Full Name: _____

Child's Birthday: _____

Child's Address

Parent 1: Name and Address:

Please List any services your child has received:

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 _____

OFFICE USE ONLY:

Date Registration Fee Received _____
Date Shot Record Received _____ Date Physicians Report Received _____