

Jack and Jill School Early Preschool Registration Form



56 Whitehall Road Rochester, NH 03867

(603)- 332-3177

2025/26 School Year

Child's Information



Child's Name: _____ Date of Birth: _____ Age: _____

Child's Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Sex: **M** **F** Name of School/Center Previously Attended: _____

Parent/Guardian's Name: _____ Telephone: _____

Parent/Guardian's Name: _____ Telephone: _____

Emergency Contact: _____ Emergency Telephone: _____

Child's Physical Limitations: _____

Allergies /Medications: _____

Child's Physician: _____ Phone #: _____

Parent/Guardian Agreement

I/We hereby grant permission for the above-named child, for whom I/We have legal responsibility, to attend the Jack and Jill School Program. I/We give my/our approval for him/her to participate in all Jack and Jill programs and activities. I/We agree to hold harmless, the Jack and Jill School, its employees, volunteers and all others associated with this program for any mishaps/accidents or other incidents resulting from the above child's participation in School. Further, I/We hereby give permission for the Jack and Jill School staff to give my/our child simple first aid when necessary or in the event of a more serious accident, for my/our child to be transported by ambulance to the Frisbie Memorial Hospital to receive emergency medical treatment. I /We also authorize emergency personnel to administer such treatment as is medically necessary and I/we authorize hospital staff to undertake examination and emergency treatment, as warranted, on behalf of my/our child.

Parent\Guardian Signature _____ Date _____

_____ Date _____

2025/26 JACK AND JILL SCHOOL "EARLY PRESCHOOL" OPTIONS

EARLY PRESCHOOL PROGRAM OPTIONS ~ Starting at 30 months old (2 1/2)

Hours – (7am to 5pm)

MONDAY – FRIDAY

☐

Weekly \$287

MONDAY – WEDNESDAY - FRIDAY

☐

Weekly \$200

TUESDAY – THURSDAY

☐

Weekly \$150



Please return this completed form with a \$125 non-refundable registration fee to hold a spot for your child.

Please provide your email address so we can send you a full enrollment packet prior to starting school.

Email: _____

Email: _____

How did you hear about Jack and Jill School:

____ Referral ____ Flyers ____ Newspaper/Radio ____ Website ____ Other: _____

OFFICE USE ONLY :

Today's Date: _____ Ck # _____

Program enrollment Fee \$125 _____