

# Jack and Jill School Early Preschool Registration Form



56 Whitehall Road Rochester, NH 03867

(603)- 332-3177

2026/27 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 \_\_\_\_\_

# 2026/27 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 \$302

MONDAY – WEDNESDAY - FRIDAY

☐

Weekly \$230

TUESDAY – THURSDAY

☐

Weekly \$165



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: \_\_\_\_\_

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**OFFICE USE ONLY :**

Today's Date: \_\_\_\_\_ Ck # \_\_\_\_\_

Program enrollment Fee \$125 \_\_\_\_\_