



4211 Chester Avenue
Philadelphia, PA 19104

Phone: (215) 387-7592

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Preschool Enrollment Application

Jubilee's mission is to provide an environment in which children build upon their wealth of creative, intellectual, spiritual, social, physical and cultural resources. By respecting how children think and learn, and by providing them with a strong foundation of academic and social skills, we are equipping them to excel as independent learners. Our goal is to support students in building a sense of hope, responsibility, and knowledge of their power which will affect change in our community and in the world. Our commitment is to provide a rigorous & comprehensive private school education which is affordable to all regardless of income.

APPLICANT INFORMATION 2019-2020

Class applying for PREK 3 PREK 4

Date of Birth

Male

Female

Applicant's Name

Last

First

Middle

Current Address

State

Zip

Street

City

Phone

Email

ACADEMIC INFORMATION

Present School

Grade

Address

Street

City

Phone

State

Zip

Grades Completed

Dates Attended

Previous Schools Attended:

Name of School

Address

Grade/Dates Attended

***Copies of educational or psychological evaluations are to be submitted with application. ***

FAMILY INFORMATION

Parent's/Guardian's Full Name

Relationship to Applicant

If Remarried, Spouse's Name

Home Address (*If different from Applicant*)

City
Cell

State

Zip

Phone

Employer
Daytime Phone

Employer's Address
Email

Parent's/Guardian's Full Name

Relationship to Applicant

If Remarried, Spouse's Name

Home Address (*If different from Applicant*)

City
Cell

State

Zip

Phone

Employer
Daytime Phone

Employer's Address
Email

Please clarify pertinent custody, living, and visitation arrangements that may be of concern (i.e. release of child)

Is the non-custodial Parent to receive correspondence? _____

Please List siblings of Applicant:

Sibling Name _____

Age _____

School _____

Sibling Name _____

Age _____

School _____

Sibling Name _____

Age _____

School _____

MEDICAL INFORMATION

Primary physician's name	Primary physician's practice name	Phone
Physician's practice address	City	State Zip
Preferred hospital/clinic for emergency care	City	State
Dentist's name	Dentist's practice name	Phone
Dentist's practice address	City	State Zip
Child's health insurance provider name	Policy number	Secondary health insurance provider name Policy number

Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.

ADDITIONAL INFORMATION

Describe your child: emphasize academic and personal strength, as well as challenges your child might face.

What are you looking for in a school, in order of priority?

How did you hear about Jubilee School? Please list relatives or friends that may have attended.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Please return the completed application with your non-refundable fee of \$25.00 payable to Jubilee School