



## JONESBORO UNITED METHODIST PRESCHOOL PROGRAM ADMISSIONS

Dear Parent or Guardian,

Jonesboro United Methodist Preschool Program (JUMPP) is extremely pleased that you are interested in enrolling your child at our school. JUMPP is a ministry of Jonesboro United Methodist Church, and our mission is to seek and honor God by offering a Christ centered foundation for the spiritual, academic, physical, and social growth of children and to prepare them for future educational endeavors. JUMPP staff also believes that communication between parents and staff is vital to a child's success at school. Our Preschool is open to children two to four years old.

JUMPP is fully accredited by the Georgia Accrediting Commission (GAC). Our teachers have many years of teaching experience and teach for the joy of teaching! JUMPP is proud to offer classes with a much lower student-teacher ratio than is available in the public school setting. All students in Preschool receive instruction all core areas, as well as in Art, Music, PE, Bible/Chapel, Character Education Development, and Spanish.

The items required for the admissions application process are listed on the next page. Please submit them as **one packet** to our Administration Office in person or by mail.

Please feel free to contact us at 770-478-0041 or by email at [jumpstaff2013@gmail.com](mailto:jumpstaff2013@gmail.com) if you would like additional information about JUMPP or the admissions process. We appreciate your interest in our school.

Sincerely,  
JUMPP Director



**JONESBORO UNITED METHODIST PRESCHOOL PROGRAM  
ADMISSIONS APPLICATION**

**LIST PARENT(S) OR GUARDIAN WITH WHOM THE CHILD LIVES:**

**Mother's Name:** \_\_\_\_\_

**Place a checkmark beside your relationship to the child:**

Biological parent                       Temporary legal guardian                       Permanent legal guardian  
 Stepparent through marriage                       Relative: specify \_\_\_\_\_

**Current Address:** \_\_\_\_\_

Highest grade completed: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Can we send you a text message?  Yes  No

**Father's Name:** \_\_\_\_\_

**Place a checkmark beside your relationship to the child:**

Biological parent                       Temporary legal guardian                       Permanent legal guardian  
 Stepparent through marriage                       Relative: specify \_\_\_\_\_

**Current Address:** \_\_\_\_\_

Highest grade completed: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Can we send you a text message?  Yes  No

**Check the biological parents' marital status:**  Married     Unmarried     Divorced     Engaged

**If applicable, check below all the legal documents that have been issued relative to the child for whom you are seeking admission:**

Divorce Decree     Adoption Decree     Temporary or Permanent Guardianship     (TPO)

**Custody designated in divorce decree:**  Joint custody     Sole Custody to Mother     Sole custody to Father

**Name of adult who is responsible for the child's tuition:** \_\_\_\_\_

**List all adult and minors' members of the household in which the child lives and their relationship to the child:**

<u>First &amp; Last Name</u>	<u>Relationship to Child</u>
_____	_____
_____	_____
_____	_____
_____	_____

**Religious Affiliation** \_\_\_\_\_

**Name of Church** \_\_\_\_\_

**Would you like information about Jonesboro First United Methodist Church and its programs?**

**JONESBORO UNITED METHODIST PRESCHOOL PROGRAM  
EMERGENCY HEALTH CARE PERMISSION FORM**

In the event your child becomes sick or injured at school or on a field trip, the information you provide below will guide the JUMPP staff in arranging emergency care for your child.

**Emergency Contact #1:**

Parent/Guardian: \_\_\_\_\_  
Phone # home: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Emergency Contact #2 if the parent/guardian cannot be reached:** \_\_\_\_\_

Relationship of this adult to the child: \_\_\_\_\_  
Phone # home: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Emergency Contact #3 if neither contact listed above can be reached:** \_\_\_\_\_

Relationship of this adult to the child: \_\_\_\_\_  
Phone # home: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name of child's pediatrician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

In the event of a medical emergency involving your child, JUMPP staff will call 911 first. Then JUMPP staff will immediately contact the parent/guardian. If parent/guardian cannot be reached, JUMPP will contact the emergency contacts listed above in the order they are listed.

Is your child covered under: Insurance \_\_\_\_\_

➔ I, the parent/guardian, authorize Jonesboro United Methodist Preschool Program to arrange for my child to be transported to the physician or hospital listed above, OR any licensed physician or medical treatment center to treat my child in case of an emergency.

\_\_\_\_\_  
**Parent/Guardian Signature**                      **Date**

**ADDITIONAL MEDICAL INFORMATION**

Does your child have allergies? (circle one)                      YES                      NO

List all allergies:

➔ Food: \_\_\_\_\_

➔ Environmental: \_\_\_\_\_

➔ Medicine: \_\_\_\_\_

Is an Epi-Pen needed? (circle one)                      YES                      NO

Is a rescue asthma inhaler needed? (circle one)                      YES                      NO

**List all chronic conditions (medical/mental/emotional) your child has that may affect attendance or learning:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JONESBORO UNITED METHODIST PRESCHOOL PROGRAM  
ADDITIONAL CONTACTS AUTHORIZED TO PICK UP YOUR CHILD**

List all adult(s) authorized to pick up your child from school if you are unable to and their relationship to the child:

First & Last Name

Telephone Number

Relationship to Child

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**JONESBORO UNITED METHOD PRESCHOOL PROGRAM  
CHECKLIST FOR STUDENT ADMISSIONS APPLICATION PACKET**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program or Grade Applying For: \_\_\_\_\_

Date Application Packet Received: \_\_\_\_\_

***Please direct all questions about the admissions application process to Director at JUMPP. The office phone number at JUMPP is 770-478-0041 or by email at jumppstaff2013@gmail.com***

**The following items must be submitted with your child's Admissions Application form:**

- \_\_\_\_\_ Nonrefundable application fee (check, cash, or money order)
- \_\_\_\_\_ Admissions application
- \_\_\_\_\_ Certified (original copy) birth certificate: office will make a photocopy and return original to you
- \_\_\_\_\_ Government issued photo ID for the parent/guardian: office will photocopy
- \_\_\_\_\_ Form 3231 Georgia Certificate of Immunization (obtain from physician or Health Dept.)  
    or notarized religious waiver \*\*out-of-state immunization certificate will not be accepted
- \_\_\_\_\_ Legal document(s): divorce decree, change of guardianship, adoption, foster care, TPO  
    Specify other: \_\_\_\_\_
- \_\_\_\_\_ JUMPP agreement signed by parent/guardian
- \_\_\_\_\_ Request For Student Records form signed and dated by the parent/guardian (*for students entering grades 1 and 2 only*)

***A student will be placed on roll after the admissions application packet is accepted as complete, the nonrefundable admissions application fee has been paid, and the office has notified the parent/guardian of his or her child's acceptance into JUMPP.***

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***For Office Use Only:***

Final Decision: \_\_\_\_\_  
Acceptance letter mailed to parent/guardian on \_\_\_\_\_

**JONESBORO UNITEDMETHOD PRESCHOOL PROGRAM  
PARENT-GUARDIAN AGREEMENT**

**CALENDAR:**

- ❖ JUMPP is in session August through May. Our school year calendar aligns with the Clayton County Public Schools calendar (it is online), except for scheduled holidays and emergency closings. Tune in to **WSB-TV** for an update on school closings during severe weather. **If Clayton County Public Schools close for inclement weather for a partial or full day, JUMPP will close for the FULL DAY.**

**ADMISSIONS:**

- ❖ A student will be placed on roll after the admissions application packet has been reviewed by JUMPP, the **nonrefundable** registration fee has been paid, and the Admissions Office has notified the parent/guardian of the child's acceptance into JUMPP.
- ❖ A student's **certified** birth certificate (original copy) is required for admission. The original copy will be returned to the parent after JUMPP makes a photocopy.
- ❖ A Form 3231 Georgia Department of Public Health Certificate of Immunization must be submitted with the application packet. A notarized "religious waiver" form may be provided in lieu of Form 3231.
- ❖ The parent/guardian must provide JUMPP a current driver's license, military ID for photocopying.
- ❖ If applicable, current legal documents pertaining to the student's safety or custody must be submitted in the admissions packet—i.e., divorce decree, change of guardianship, adoption, foster care, TPO, etc. The original document(s) will be returned to you after JUMPP makes a photocopy. **If the legal document is amended, please submit the updated order to JUMPP's office. JUMPP personnel cannot be held responsible for enforcing the provisions of a legal order of which they are not aware.**
- ❖ **A child admitted to the 3-year old program must be fully potty-trained prior to the first day of enrollment.** If the administration becomes aware that the child is not fully potty trained after the child is put on roll, the JUMPP director reserves the right to withdraw the child at that time.

**TUITION AND FEES:**

- ❖ Tuition is due on the 1st of each month, even if you do not receive a tuition envelope from the office.
- ❖ JUMPP tuition is payable by checks, money orders, exact cash or online. Checks or Money Orders payable to JUMPP. A receipt will be issued for all types of payment.
- ❖ A late fee of \$25 is added to the month's tuition if payment is received after the 1st of the month.
- ❖ A student will be withdrawn from JUMPP when tuition is two consecutive months in arrears.
- ❖ A late pick up fee of **\$50.00** will be charged if you pick your child up late.
- ❖ The parent/guardian pays all fees associated with all field trips. If the parent does not wish for his/her child to attend a field trip, no classes will be offered that day for the child and a prorated adjustment in tuition for that day will not be granted.
- ❖ **Tuition will not be waived or prorated if the student is absent from school for any reason.**

**BEHAVIOR:**

- ❖ Each student is expected to always demonstrate exemplary behavior and a positive attitude toward learning. Failure to demonstrate these qualities consistently may jeopardize a child's enrollment at JUMPP.

**HEALTH:**

- ❖ Students who do not meet the minimum requirements established by the Health Department for health vaccines, or whose parents object to vaccinations for religious reasons, must have a Waiver for Vaccines on file. If a school/community experiences an outbreak for a disease(s) for which the student is unvaccinated, the student will be withdrawn from JUMPP until the disease outbreak is over.
- ❖ I authorize my child's physician to accept all phone calls from JUMPP related to emergency health care for my child.
- ❖ JUMPP will request that a parent provide the office an Individual Health Plan (IHP) form completed by your child's physician if your child has a chronic health problem that affects school performance and/or attendance.
- ❖ School personnel cannot administer prescription medication to your child without a **signed, dated medication form only for chronic or life threaten conditions, such as asthma or allergic reactions.**

**ARRIVAL & DISMISSAL:**

- ❖ JUMPP PK2, PK3, PK4 are offered Monday through Friday from 8:30 a.m. to 12:30 p.m. Students arriving after 8:40 a.m. are marked tardy.
- ❖ A student will be released **only** to those adult individuals whose names are listed on the admissions application form. For your child's safety, school personnel will ask the adult picking up your child to provide picture ID if the adult is unknown to the staff. Please notify your child's teacher and the JUMPP office in writing in advance if your child's afternoon dismissal plan will deviate from the usual schedule.

**LATE PICK UP:**

- ❖ Late pick up begins at 12:40 p.m. for students PK2-4. **A late pick up fee of \$50.00 will be charged if you pick your child up late.**
- ❖ Please notify your child's teacher and the JUMPP office in writing in advance if your child's afternoon dismissal plan will deviate from the usual schedule.

**ATTENDANCE:**

- ❖ Regular daily attendance is required of all JUMPP students; however, please keep your child home if he/she is sick and/or running a fever over 99.9 F degrees.
- ❖ A student is a candidate for withdrawal from JUMPP if a frequent pattern develops for any of the following: tardiness to school; excessive unexcused absences; late pick-up; or absences related to family vacation.

**MISCELLANEOUS:**

- ❖ Please send a nutritious snack every day with your child. **NO juice, soft drinks.**
- ❖ Although every precaution is taken during a field trip to ensure student and/or chaperone safety, Jonesboro United First Methodist Church and JUMPP staff may not be held liable for any injury incurred on a field trip.
- ❖ Each parent/guardian is expected to support all policies outlined in JUMPP's Parent Handbook, as well as policies amended during the school year.

**USE OF PHOTOGRAPHY/MEDIA**

- ❖ Pictures may be taken of my child for use **within** Jonesboro First United Methodist Church. **Yes or No**
- ❖ Pictures may be taken of my child for use **outside** Jonesboro First United Methodist Church. I understand this may include church publications, websites, and other forms of media. **Yes or No**



**My signature below acknowledges I have read the policies outlined above and will comply with them.**

**Parent/Guardian Name (Print)      Date**

**Parent/Guardian Signature      Date**