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| JolliffDaySchool.jpg | *1900 Jolliff Road Chesapeake, VA 23321*  *(757) 488-3640*  *www.jolliffdayschool.org* |

Program Selection Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be attending Jolliff Day School.

Name of Child

***Please check one blank in each column.***

|  |  |
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| **PROGRAM** | **SCHEDULE** |
| \_\_\_\_\_\_ 2 Year Old (M – F) | **Preschool** |
| \_\_\_\_\_\_ 2 Year Old (T, TH) | \_\_\_\_\_\_\_ Half-Day (8:30 am – 12:30 pm) |
| \_\_\_\_\_\_ 3 Year Old (M – F) | \_\_\_\_\_\_\_ Full-Day (7:00 am – 6:00 pm) |
| \_\_\_\_\_\_ 3 Year Old (M, W, F) | **Kindergarten** |
| \_\_\_\_\_\_ 4 Year Old (M – F) | \_\_\_\_\_\_\_ Instructional Day (8:30 am – 2:30 pm) |
| \_\_\_\_\_\_ Kindergarten (M – F) | \_\_\_\_\_\_\_ Before School (7:00 am-8:30 pm) |
| \_\_\_\_\_\_ School Age (M – F) | \_\_\_\_\_\_\_ After School (2:30 pm – 6:00 pm) |

I have completed the attached registration contract forms and I have attached a non-refundable cash/check payment for my child’s registration, activity, and curriculum fees (checks payable to Jolliff Day School). I also understand that an immunization record, birth certificate, and completed physical form must be presented to Jolliff Day School at the time of registration, in order to complete the application process.

Parent’s Signature Date

Contact Information: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_