|  |  |
| --- | --- |
| 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.***

|  |  |  |
| --- | --- | --- |
| **PROGRAM** | **SCHEDULE** | |
| \_\_\_\_\_\_ 2-Year-Old (M – F) | **Preschool** |  |
| \_\_\_\_\_\_ 2-Year-Old (M, W, F)) | \_\_\_\_\_\_\_ Half-Day (8:30 am – 12:30 pm) | \_\_\_\_\_\_\_**Chittum After School** (2:30 pm – 6:00 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 am) |  |
| \_\_\_\_\_\_ School Age (M – F) | \_\_\_\_\_\_\_ After School (2:30 pm – 6:00 pm) |  |

If you signed up for full day, before school, and/or after school care, please estimate your child’s daily drop off and/or pick up times. You can certainly drop off/pick up outside of these times, but this will help us adequately staff for AM and PM care. Thank you.

Drop off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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