

Registration Fee:
\$20
Payable to JCPC

Registration Form

www.jcpcpreschool.weebly.com
E-mail: jcpcteacher@gmail.com
Phone: 717-229-9880

Office Use Only

Date: _____

CK# _____

Initials: _____

The Jefferson Center for Preschool Children (JCPC) admits students of any race, color, national and ethnic origins to all the right privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational or administration policies.

Student Information:

This is the contact information we will use to send information for student enrollment. Please contact JCPC if any of your information changes.

Student Name _____ Nickname _____

Age _____ Sex _____ Date of Birth _____ School District _____

Address _____

City _____ State _____ Zip _____

Parents' Names _____

E-mail Address _____ Home Phone _____

Mother's Cell _____ Father's Cell _____

Mother's Work _____ Father's Work _____

We would like to register for (Check One):

____ 3's Preschool Class Morning (T/TH, 8:30 am-11:00 am), \$160/month
(12 students)

____ 4/5's Kindergarten Prep Class Morning (MWF, 8:30 am-11:00 am),
\$180/month (15 students)

____ 4/5's Kindergarten Prep Class Full Week (Monday-Friday, 8:30 am-11:00 am),
\$340/month (15 students)

Parent/Guarding

Signature _____ Date: _____