

# Jubilee JumpStart Pre-Enrollment Registration



For registration on our waitlist, please complete the following information and return it to us with a registration fee of \$25.00 per child.

Name of Child (First, Last)	Male/Female	Due Date or Date of Birth

**Parent/Guardian Information:**

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

Relationship: \_\_\_\_\_

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

Primary Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent/Guardian Information:**

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

Relationship: \_\_\_\_\_

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

Primary Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please circle as applicable: **1.** Income Eligible Jubilee Housing Resident **2.** Employees of Jubilee JumpStart, Jubilee Housing, and The Family Place **3.** Other Income Eligible Families **4.** All others

When would you like enrollment to begin? \_\_\_\_\_

Are you in need of alternative hours of care such as evenings, overnight, and/or weekends? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs/require any special services? If so, briefly explain.  
\_\_\_\_\_

Who currently provides care for your child(ren)? \_\_\_\_\_

We will do everything possible to meet your needs, but we are unable to guarantee start dates. Enrollment is based upon availability and is

Return completed forms to: Jubilee JumpStart  
2525 Ontario Rd. NW  
First Floor  
Washington, DC 20009  
202-737-7694

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

For Administration Use Only  
Date Received: \_\_\_\_\_ Filed: \_\_\_\_\_