



J.A.M.P.

Enrollment Application

Please Note: To receive full consideration, registration applications should be submitted with both sides fully completed. J.A.M.P. does not discriminate on the basis of race, color, national and ethnic origin in administration of its artistic policies, admission policies and other school-administered programs. J.A.M.P. does strive to maintain a balance of boys and girls in its classroom socio-economic diversity among its members.

STUDENT INFORMATION

Date: _____

Applying as: Mini Jamper (3-5) Jamper (6-10) Master Jamper (Master of Instrument) Returning Jamper
Current School Grade _____

Student Name _____
Last Name First Name Middle (Likes to be called)

Home Address _____
Address City State Zip Code

Jamper E-mail Address _____ Gender Male Female

Student Cell _____ Shirt Size _____

Date of Birth ____/____/____ Social Security # ____ - ____ - ____

Ethnic Origin: American Indian Asian White/Caucasian African American Hispanic Other

Have you ever been dismissed from school for disciplinary reasons? Yes No

If yes, please explain: _____

Do you have any special/learning needs? _____

Why do you want to attend J.A.M.P.? (If student is in Middle or High School, this must be written by the student.)

PARENT/FAMILY INFORMATION -- To be completed by parent(s)/guardian(s)

With whom does the student reside: Mother & Father Father Mother Guardian
 Father & Stepmother Mother & Stepfather Relative _____ Other _____

Mother's/ Guardian's Name _____ Home Phone _____

Mother's Home Address _____

Mother's Cell Phone _____ Mother's E-mail _____

Employer _____ Title _____ Work Phone _____

Stepfather's Name (if applicable) _____

Father's/ Guardian's Name _____ Home Phone _____

Father's Home Address _____

Father's Cell Phone _____ Father's E-mail _____



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Employer _____ Title _____ Work Phone _____
Stepmother's Name (if applicable) _____

Does applicant have any siblings or any other relative who attends (or previously attended) J.A.M.P.? Yes No

If yes, please list: _____

Has your child ever been suspended or had disciplinary difficulties? Yes No

Has your child been tested for any learning disabilities? Yes No

Has your child been tested for Attention Deficit Disorder? Yes No

Is your child currently taking any medication? Yes No (If yes, list and explain)

Has your child mastered an instrument? Yes No

If yes, which instrument _____

Does your child have a private music instructor? Yes No

Name of instructor _____ Name of School _____

Does your child read sheet music? Yes No

Medical Information: This must be accompanied by a signed current form by your medical professional; no older than 30 day)

Would you permit the school to administer to your child the following if needed?

Ibuprofen Yes No First Aid Ointment Yes No Antacids Yes No Cough Drops Yes No

Note: Any other medications must be turned into the office by a parent and accompanied by a medical authorization form.

Does your child have any allergies? Yes No

Please list:

Will your child be taking medication during Jamp! hours? If yes, please list below. Please pack all medication in a sealed container, clearly labeled with your child's name, age, medication, dosage and time, and deliver to your child's teacher for the week.

Medication: _____ Time: _____

Medication: _____ Time: _____

Medication: _____ Time: _____

The information listed in this Medical Section is correct to the best of my knowledge, and the Jumper described herein has permission to engage in all prescribed Jamp! activities, except as noted on this form.

I, _____ as parent/guardian, authorize Jamp! personnel to seek emergency treatment as required and to transport my child to the appropriate medical facility in the event that urgent/ emergency care is necessary.

Signature _____

Date _____

Physician: _____ Phone: _____ Hospital: _____

Insurance Carrier: _____ Policy Number: _____



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EMERGENCY INFORMATION: In case of an emergency, please contact the following (other than parent). I give my permission for the following persons to pick up my child(ren) from J.A.M.P.

1. Name: _____ Relationship: _____
Home Phone _____ Work Phone _____
Cell _____
2. Name: _____ Relationship: _____ Phone: _____
Home Phone _____ Work Phone _____
Cell _____
3. Name: _____ Relationship: _____ Phone: _____
Home Phone _____ Work Phone _____
Cell _____

COMMITMENT: Parent(s)/Guardian(s): I/We agree to assume responsibility for all tuition, fees, materials, and other expenses of the student while attending J.A.M.P. This agreement will be in effect for each J.A.M.P term the student is enrolled. I/We also give permission to J.A.M.P to request and receive all pertinent records from child's current music school. (On applications where only one signature of a parent/guardian is provided, J.A.M.P will assume this parent/guardian will be solely responsible for the student's tuition and other expenses.) I want to register my child for J.A.M.P. I have read the Statement of Beliefs and the Parent Commitment Form and do not object to my child being taught accordingly. I understand that all fees are non-refundable.

Signed _____ Date _____

Signed _____ Date _____

** Applications are dated upon receipt by the school. This may be a determining factor in the acceptance process. Your signature above indicates that you wish to proceed with the admission process. Please return all forms along with payment.

Application Fee Received- Date _____ Amount _____ Check # _____

Copy of Parent ID _____ Current Health Form _____ Copy of Current Report Card _____