



RETURN TO:  
JMU Young Children's Program  
Attn: JoAnna Jedamski  
Anthony-Seeger Hall 12C  
821 S Main St, MSC 6811 Harrisonburg, VA 22807

## WAIT LIST ENROLLMENT **FULL DAY PROGRAM** JMU Young Children's Program

Full name of child \_\_\_\_\_

Sex \_\_\_\_\_ Date of birth \_\_\_\_\_  
(month/day/year)

- ☐ 2-year old Full Day Full Year \_\_\_\_\_ ☐ 3-year old Full Day School Year \_\_\_\_\_  
☐ 4-year old Full Day School Year \_\_\_\_\_

Name(s) of adult family members: \_\_\_\_\_

Complete address \_\_\_\_\_

\_\_\_\_\_

1) Home phone number: \_\_\_\_\_ Home E-mail address \_\_\_\_\_

2) Work number \_\_\_\_\_ Work E-mail \_\_\_\_\_

Cell number \_\_\_\_\_

3) Work number \_\_\_\_\_ Work Email \_\_\_\_\_

Cell number \_\_\_\_\_

**IT IS THE RESPONSIBILITY OF EACH FAMILY TO BE SURE CONTACT INFORMATION IS KEPT CURRENT**

Is either adult a member of the JMU faculty or staff? ☐ yes ☐ no

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**Date**

**Licensed by: Virginia Department of Education**  
**Accredited by: NAEYC (National Association for the Education of Young Children)**

Updated: 4/10/2023

OFFICE USE ONLY

Date Application Received

Staff Initials