



RETURN TO:  
JMU Young Children's Program  
Attn: Eileen Gingrich  
Anthony-Seeger Hall 12A  
821 S Main St., MSC 6811  
Harrisonburg, VA 22807

**ENROLLMENT ACCEPTANCE**  
**JMU Young Children's Program**  
**HALF-DAY PROGRAM**

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

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

3-year old part-day class, school year \_\_\_\_\_  4-year old part-day class, school year \_\_\_\_\_

**Note:** We are licensed for 3-year olds to start as early as 2 years, 10 months of age

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

I am enclosing a check for \$150 made payable to **JMU Young Children's Program**.  
(Please note **Application Fee** on the check.) This will hold your child's place in the program.

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

OFFICE USE ONLY	
Received _____	
Amt _____	Ck# _____
Confirmation Sent _____	
Initials _____	

**LICENSED BY THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES**

**ACCREDITED BY THE NATIONAL ASSOCIATION FOR EDUCATION OF YOUNG CHILDREN**