



RETURN TO:
JMU Young Children's Program
Attn: Eileen Gingrich
Anthony-Seeger Hall 12A
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)

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

Please enclose a non-refundable check for \$ 50 made payable to **JMU Young Children's Program**.
(Please note **Application Fee** on the check.)

SIGNATURE

Date

OFFICE USE ONLY

Received _____

Amt _____ Ck# _____

Confirmation Sent

Initials _____

Licensed by: Virginia Department of Social Services
Accredited by National Association for the Education of Young Children