



RETURN TO:
Young Children's Program
Attn: Pat Kennedy
James Madison University
395 S. High St., Memorial Hall, MSC 6909

ENROLLMENT ACCEPTANCE FOR 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 \$ 150 made payable to **JMU Young Children's Program**.
(Please note **Enrollment Fee** on the check.) This will secure your child's place in the program.

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