

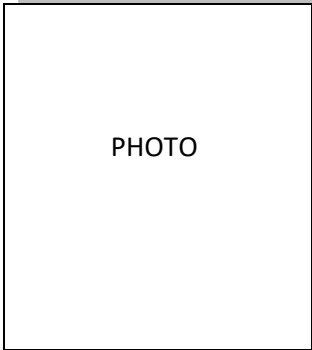


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Website: [www.jamboreekidsbahamas.com](http://www.jamboreekidsbahamas.com)

Monday - Friday 7:30am to 3:30pm



## Registration Form

### Admission Requirements:

- (1) Completed Application Form with passport photo
- (2) Non-refundable Registration & Seat Fee of \$300.00
- (3) Nick's House \$1,000.00 monthly (incl. 6 therapy sessions)
- (4) Curriculum Fee \$500.00
- (5) B.A.F Insurance \$25.00 (optional)
- (6) Copy of current Assessment Report
- (7) Copy of Immunization record
- (8) Signed Covid Waiver Form



**\*TOTAL AMOUNT FOR REGISTRATION @  
NICK'S HOUSE: \$1,8250.00**  
**\*All fees are NON-REFUNDABLE**  
This does not include  
Uniform or Lunch

### Other Fees:

Uniform – Golf Shirts \$35.00 each    P E Kits \$30.00 each    School Jackets \$40.00 each

SCHOOL FEES ARE DUE THE 28<sup>th</sup> of **EVERY MONTH**. Late Fees of \$100.00 are applied on the 1<sup>st</sup> of the following month. I AGREE AND UNDERSTAND THAT MY CHILD WILL BE DENIED ACCESS TO JAMBOREE KIDS IF MONTHLY FEES ARE NOT PAID WHEN DUE. **The School fee is Payable whether the child does or does not Attend School. There will be NO REFUNDS of fees for Vacations, Sickness or Holidays or if a child is absent or removed from the school. JAMBOREE KIDS is not obligated to hold open a child's seat after one (1) month absentee days by the child without notification to the office.**

Child's First Name: \_\_\_\_\_ M. I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Start Date: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Likes, Dislikes and/or Special Interests: \_\_\_\_\_

Any learning disabilities: \_\_\_\_\_ Speech Delay: YES \_\_\_\_\_ NO \_\_\_\_\_

Does your child have a behavioral issue: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Medical Problems:** It is mandatory that the staff is informed of any medical problems or illness. If a child is suffering from any serious illness they will not be allowed in the centre. Jamboree Kids will not be held responsible for any ailment that was not brought to the attention of our staff.

**School previously attended:** \_\_\_\_\_

**Mother's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:**( ) \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Occupation/Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Mother's Email address:** \_\_\_\_\_

**Father's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Email address: \_\_\_\_\_

Number of Siblings living with the child: \_\_\_\_\_

**Authorized Pickup Persons:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

**Emergency Contacts:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**EMERGENCY CONSENT:** It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please state if you prefer Princess Margaret Hospital or Doctor's Hospital.

Please sign below so that we can take appropriate action on behalf of your child.

I, HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD \_\_\_\_\_ WHEN ILL/INJURED TO BE TAKEN TO **PRINCESS MARGARET HOSPITAL** \_\_\_\_\_ or **DOCTOR'S HOSPITAL** \_\_\_\_\_ BY THE STAFF OF JAMBOREE KIDS WHEN I/WE CANNOT BE CONTACTED. I ALSO CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT

**Parent Emergency Signature:** \_\_\_\_\_

I, \_\_\_\_\_ (Parent or Guardian's name) give permission to **JAMBOREE KIDS** to photograph and record my child, \_\_\_\_\_ (Child's name) to display on Jamboree Kids Website & Facebook Page; and in school brochures.

**Parent Authorization Signature:** \_\_\_\_\_

I hereby acknowledge that the information set forth in this Registration Form is true and correct. I agree to the contents herein and to abide by the policies of Jamboree Kids School set forth in the Student handbook.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_