



Sea Breeze Lane, P. O. Box N-1719,
Nassau, N. P., Bahamas
Telephone: (242) 324-2939
Email: jamboreekids1@gmail.com
Website: www.jamboreekidsbahamas.com
Monday - Friday 7:00am to 4:00pm

PHOTO

Registration Form

Admission Requirements:

- (1) Non-refundable Registration & Seat Fee **\$300.00**
- (2) Nursery – K5 Tuition **\$500.00**
- (3) Developmental Fee **\$400.00** (one-time fee K3-K5 only)
- (4) Curriculum & Technology Fee - **\$300.00** (K3-K5 annually)
- (5) B. A. F Insurance Fee - **\$25.00** (K3-K5 annually)
- (6) Completed and signed application form, immunization record copy and a passport photo
- (7) A medical form returned and signed by a doctor for babies **ONLY**

Tick where Applicable:

Jamboree Kids #1

Nursery (3months to 18months) _____

K1 (18months to 2years old) _____

K2 (2years to 3years old) _____

K3-K5 (3years old – 6years old) _____

***TOTAL AMOUNT FOR REGISTRATION:**

NURSERY-K2: \$800.00

K3-K5: \$1, 525.00

***All fees are NON-REFUNDABLE**

**This does not include Uniform or
Extracurricular Activities!**

Uniform – Golf Shirts \$35.00 / P. E. Kit \$30.00 / School Jacket \$40.00 / House Shirts \$15.00

SCHOOL FEES ARE DUE THE 28th of EVERY MONTH. Late Fees of \$50.00 are applied on the 1st 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 _____

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 Pre-School set forth in the Student Handbook.

Parent Signature: _____ **Date:** _____