



RETURN TO:  
 JMU Young Children's Program  
 Attn: JoAnna Jedamski  
 Anthony-Seeger Hall 12C  
 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)

- 2-year old Full Day Full 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

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

**Licensed by: Virginia Department of Education**  
**Accredited by: NAEYC (National Association for the Education of Young Children)**

Updated: 4/10/2023

OFFICE USE ONLY
Date Application Received _____
Staff Initials _____