



# Jump Start Kindergarten!



with Mrs. Neuberger and Ms. VanDam

We have worked hard this year to learn many skills in order to be prepared for Kindergarten. Would you like to give your child the opportunity to review before the school year starts to "Jump Start" Kindergarten?



**Who:** Your incoming kindergarten student

**Where:** JFK kindergarten classroom

**When:** July 27-July 30, 2026

**Time:** 8:00 - 10:30 am

**Cost:** \$60.00



**What:** We will review alphabet letters and sounds, basic math concepts and literacy skills. We will have a daily story time, SMART board activities and other hands-on activities. We will practice daily school routines in a fun, yet enriching atmosphere!

Any questions? Contact us by email:

[kathy.neuberger@jfkatholic.org](mailto:kathy.neuberger@jfkatholic.org)

\*A minimum of 9 students is needed to run the program. Capped at 25

# JUMP START KINDERGARTEN

## John F. Kennedy Catholic School



### Registration Form

#### CONTACT INFORMATION:

(This information is available to the staff and, in the event of an emergency, may be given to an appropriate emergency care provider.) One form is required for each child.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Child's Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Mother's E-mail \_\_\_\_\_ Father's E-mail \_\_\_\_\_

Preschool your child attended: \_\_\_\_\_

PERSONS AUTHORIZED TO PICK UP CHILD (INCLUDE YOURSELF)	RELATIONSHIP TO CHILD	CELL PHONE NUMBER	WORK PHONE NUMBER
1.			
2.			
3.			
4.			

EMERGENCY CONTACT PERSON(S) to assume care of your child if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Please continue on the other side.**

**PROGRAM FEES**

Payment received June 1 or after	\$60.00
----------------------------------	---------

**PAYMENT PROCEDURES**

Return this form, along with cash or a check payable to Scott County Catholic Schools to the school office for the amount due. A fee will be added to the balance due for Jump Start Kindergarten if your check is returned due to insufficient funds.

**STUDENT MEDICAL INFORMATION**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Please inform us of any medical conditions of which we should be aware:**

\_\_\_ Asthma/breathing problem

\_\_\_ Allergies (medicines, foods, insect bites)

Please list usual allergic reactions.

\_\_\_ Seizures

\_\_\_ Diabetes

\_\_\_ Heart condition

\_\_\_ Attention Deficit Disorder

\_\_\_ Other (please explain) \_\_\_\_\_

Medications that your child will be required to take while attending Jump Start Kindergarten:

**STUDENT ILLNESS**

The student should not attend Jump Start Kindergarten if he/she has symptoms of or has been diagnosed with an illness such as, but not limited to, the following: fever, vomiting, diarrhea, cough, runny nose or any such contagious or non-contagious illness which may prevent the child from participating in activities or that may be harmful to the other children in attendance at the program.

**TERMINATION OF SERVICES**

John F. Kennedy School may cancel a child's participation in Jump Start Kindergarten with a one-day notice for non-compliance with its policies or rules or if the child is a danger to him/herself or others. The policies and rules of JFK School apply to all enrolled students and families. (To view the policy handbook go to [www.olvjfk.com](http://www.olvjfk.com)).

I understand that the school discipline policy and procedures may apply to this program, and I understand and agree that the violation of these rules and policies may result in my child not being allowed to attend Jump Start Kindergarten.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_