



- Date: \_\_\_\_\_ Class \_\_\_\_\_ Enrollment Form \_\_\_\_\_
- \_\_\_\_\_ Registration Fee Paid cc/ck./cash \_\_\_\_\_
- \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Medical Form \_\_\_\_\_
- \_\_\_\_\_ Summary Licensing Standards \_\_\_\_\_
- \_\_\_\_\_ Consent Forms \_\_\_\_\_
- \_\_\_\_\_ Allergies \_\_\_\_\_ Epi-pen \_\_\_\_\_

## 2017-2018 Enrollment Application 3 Year Old

Please print legibly when completing the application and return it to the office with a \$100.00 non-refundable registration fee.

### Child Information

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 Name to be used at school \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Subdivision \_\_\_\_\_ School District # (ex: 204) # \_\_\_\_\_ Elementary School \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Primary Email: \_\_\_\_\_

### Parent/Guardian Information

Parent's Marital Status: \_\_\_Single \_\_\_Married \_\_\_Widowed \_\_\_Separated \_\_\_Divorced

Parent/Guardian #1: Name \_\_\_\_\_ Email: \_\_\_\_\_  
 Address if different from above \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Business address: \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent/Guardian #2: Name \_\_\_\_\_ Email: \_\_\_\_\_  
 Address if different from above \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Business address: \_\_\_\_\_ Business Phone \_\_\_\_\_

### Additional Information

**Child resides with:** \_\_\_Both Parents \_\_\_Father \_\_\_Mother \_\_\_other \_\_\_\_\_  
 Other Adults Living with the Child \_\_\_\_\_  
 Other children in the Family: Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

### Pest Management

Integrated pest management is a method for managing damage by pests with the least possible hazard to people, property, and the environment. This method of managing pests includes the careful use of pesticides such as insecticides, herbicides, rodenticides, and fungicides. Integrated pest management also requires that parents or guardians have a right to prior written notice of pesticide applications. I have read and understand the Just For Kids Preschool integrated pest management (2017-18). Just For Kids will issue a written notice prior to all applications performed on the property at 2575 Plainfield/Naperville Rd., Naperville, IL 60564.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### Parent Handbook, Discipline, & Late Pick-Up Policy

I/We hereby acknowledge that I/we have read, understand, and agree to the Discipline Policy and the Late Pick Up Policy as they are stated in the **Just For Kids Preschool** Parent Handbook.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**General Health** (Please check one)

Please list any health or special concerns **Just for KIDS Preschool** should be aware of, such as allergies, disabilities, or medications. \_\_\_\_ My child has none. \_\_\_\_ My child has the following (Please be very specific, noting all foods, etc.).

Please list food allergies: \_\_\_\_\_ Epi-pen Yes / No

Please list food restrictions: \_\_\_\_\_

Please list other allergies/restrictions: \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**MEDICAL AUTHORIZATION**

I hereby grant **Just For KIDS Preschool** permission to take whatever action may be necessary in providing emergency medical care for my child. I understand that **Just For KIDS** will first make an attempt to contact a parent, guardian, physician, or other persons authorized to be contacted in an emergency, but if they are unavailable, I grant permission to **Just For KIDS Preschool** to call 911 and seek medical attention from an available physician or ambulance personnel. A staff member will accompany the child until a parent arrives. I do hereby agree that I will be responsible for and will promptly pay all medical charges incurred by such an emergency.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL AUTHORIZATION**

I hereby grant **JUST for KIDS Preschool** permission for the above named child to: **Y/N**

- \_\_\_\_ (A) Take part in all program activities including the use of indoor and outdoor equipment
- \_\_\_\_ (B) Be photographed or videotaped during daily program activities
- \_\_\_\_ (C) Use Photograph in classroom newsletter
- \_\_\_\_ (D) Use photograph for advertising (No names used)
- \_\_\_\_ (E) Use photograph on the Just For Kids Website (No names used)
- \_\_\_\_ (F) Use photograph on the Just For Kids Facebook page (No names used)
- \_\_\_\_ (G) Permission to be included in the preschool phone/address directory distributed to classmate's families
- \_\_\_\_ (H) Be given first aid treatment for minor cuts, scrapes, bumps, or bloody nose
- \_\_\_\_ (I) Be given prescribed medications provided by the parent as directed by written instructions from a physician (a log will be kept of administered medications)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**In case of an EMERGENCY- CONTACT:**

In the event of an emergency, if parent/guardian cannot be reached. Please list the names, addresses, and phone numbers of local authorized persons to pick up your child other than you. (Per DCFS licensing standard you must supply two contacts).

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**AUTHORIZED PERSONS TO PICK UP:**

**The following people have my permission to pick up my child.** (Please list at least two)  
**Just For KIDS Preschool** will under **NO** circumstances release a child to anyone not listed below  
 or known to staff without written consent from a parent or guardian.

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**3 YEAR OLDS PROGRAM**

**Please make your class selection below**

'X' your choice	Programs	Program Times	Days	10 Payments
	3 Year Olds A.M.	9am-noon	_____ Mon/Wed _____ Tue/Thu _____ Mon/Wed/Fri _____ Tue/Thu/Fri	\$199 \$216 \$305 \$322
	3 Year Olds Extended	9am-2pm	_____ Mon/Wed _____ Tue/Thu _____ Mon/Wed/Fri _____ Tue/Thu/Fri	\$315 \$342 \$483 \$511
<b>15% pricing Discount for P.M. class</b>	3 Year Olds P.M.	12:15pm-3:05pm	_____ Tue/Thu	\$184