



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 4's/ Pre-K

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 ____/____/____	Age as of 9/1/15 _____	
Child's Address _____		City _____	Zip _____	
Subdivision _____		School District # (ex: 204) # _____	Elementary School _____	
Primary Phone _____		Primary Email: _____		

Parent/Guardian Information

Parent's Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> 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: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> 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 (2016-17). 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 _____

4 YEAR/ Pre-K PROGRAM

Please make your class selection below

'X' your choice	Programs	Program Times	Days	10 Payments
	4 Year Old/ Pre-K A.M.	9am-noon	____ Mon/Wed/Fri	\$302
	4 Year Old/ Pre-K Extended	9am-2pm	____ Mon/Wed/Fri	\$478
	4 Year Old/Pre-K Extended	9am-2pm	____ Mon-Thu ____ Mon-Fri	\$633 \$774
15% pricing Discount for P.M. class	4 Year Old/ Pre-K P.M.	12:15pm-3:05pm	____ Mon/Wed/Fri.	\$257