



2 YEARS

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male/Female

Does your child have any dietary restrictions? If yes, please list: \_\_\_\_\_

Please list any health or special concerns JFK Preschool should be aware of, such as allergies, disabilities, or medications: \_\_\_\_\_

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male/Female

Does your child have any dietary restrictions? If yes, please list: \_\_\_\_\_

Please list any health or special concerns JFK Preschool should be aware of, such as allergies, disabilities, or medications: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Address \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Mom's Email \_\_\_\_\_ Dad's Email \_\_\_\_\_

Mom's work# \_\_\_\_\_ Dad's Work # \_\_\_\_\_

**PERSONS AUTHORIZED TO BE CONTACTED in case of an Emergency.** (If parent or guardian is unavailable)

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

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

**PERSONS AUTHORIZED TO PICK UP CHILD: (Other than parents)**

**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.

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

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

**GENERAL AUTHORIZATION**

I hereby grant **JUST for KIDS Preschool** permission for the above 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 for advertising (No names used)
- (D) Use photograph on the Just For Kids Website (No names used)
- (E) Use photograph on the Just For Kids Facebook page (No names used)
- (F) Be given first aid treatment for minor cuts, scrapes, bumps, or bloody nose
- (G) 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 \_\_\_\_\_

**MEDICAL AUTHORIZATION**-I hereby give **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 Preschool** 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 here by agree that I will be responsible for and will promptly pay all medical charges incurred by such an emergency.

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

**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.

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

I would like prior notification via email regarding application of pesticides on the property at Just For Kids Preschool \_\_\_\_\_ (Please initial). By initialing this, I understand that I will receive a written notice prior to all applications performed on the property at Just For Kids Preschool.

**Program Information:** If you are *new* to JFK a copy of your birth certificate and immunizations is required. Students may enroll in any number of weeks with a minimum of 2 days a week; Daily snack is provided; Lunch is provided for added lunch students; Siblings receive a 10% discount; all campers should wear comfortable clothing to camp each day.

**Camp Dates:** June 4-August 10, Offered Monday-Friday (Wednesday, JULY 4<sup>th</sup> CLOSED)

**Camp Hours:** Morning Camp for 2-6 years 9am-12pm; Morning Camp with lunch for 2-6 years 9am-12:45pm.

**2 Years Camp:** is offered Monday through Friday. There is a 2day minimum per week. Students may enroll in any number of weeks. You may choose *morning camp or morning camp with lunch*.

**Fees:** A \$25 registration fee is required if you are not a JFK student. Fees are due at the time of registration.

**SUMMER Camp Dates, Themes, & Times**

WEEKS/DATES/THEMES	9:00-12:00pm	9:00am-12:45pm
	9:00-12:00pm Select Days	With lunch 9:00-12:45pm Select Days
	\$27/daily 5 days/wk. \$120	\$35/daily 5 days/ wk. \$150
___ Wk. 1 June 4-8 SUPER HERO IN TRAINING	MO TU WE TH FR	MO TU WE TH FR
___ Wk. 2 June 11-15 WIDE WORLD OF SPORTS/DADS	MO TU WE TH FR	MO TU WE TH FR
___ Wk. 3 June 18-22 I SPY DETECTIVE WEEK	MO TU WE TH FR	MO TU WE TH FR
___ Wk. 4 Jun 25-29 FOOD FRENZY; COOKING WITH FRIENDS	MO TU WE TH FR	MO TU WE TH FR
___ Wk. 5 July 2-6 closed July 4th PIRATE WEEK LAND HO! USA LET'S GO!	MO TU TH FR	MO TU TH FR
___ Wk. 6 July 9-13 GAMES GALORE	MO TU WE TH FR	MO TU WE TH FR
___ Wk. 7 July 16-20 A CAMPING WE WILL GO	MO TU WE TH FR	MO TU WE TH FR
___ Wk. 8 July 23-27 A BUG'S LIFE	MO TU WE TH FR	MO TU WE TH FR
___ Wk. 9 July 30-Aug 3 ARTISTIC CREATIONS	MO TU WE TH FR	MO TU WE TH FR
___ Wk. 10 Aug 6-10 WACKY WATER WORKS	MO TU WE TH FR	MO TU WE TH FR

Child #1:

# Days \_\_\_ X 9-noon fee \_\_\_\_\_ = Total \_\_\_\_\_ : # Days \_\_\_ X 9-noonw/Lunch Daily Fee \_\_\_\_\_ = Total \_\_\_\_\_

Child #2

# Days \_\_\_ X 9-noon fee \_\_\_\_\_ = Total \_\_\_\_\_ : # Days \_\_\_ X 9-noonw/Lunch Daily Fee \_\_\_\_\_ = Total \_\_\_\_\_



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