

## 2018-2019 Enrollment Application

### DAY CARE

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/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 (2018-19). 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 \_\_\_\_\_

#### 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 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 \_\_\_\_\_

**GENERAL AUTHORIZATION**

I hereby grant **JUST for KIDS Preschool** permission for the child named above 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. (*Please list 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.**

**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 \_\_\_\_\_

**Preschool Advantage Program** is a before/after school care for those families needing a few extra hours a day on a consistent basis.

**PRESCHOOL ADVANTAGE: 7-9am 12-2pm (Toddler/2's only) & 2-4pm (15 mo.-6 years) \$15 per 2hr. block**  
 Circle Days to attend & write in Times

AM Mon Tue Wed Thu Fri Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

PM Mon Tue Wed Thu Fri Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

# blocks \_\_\_\_ x # Days \_\_\_\_ x \$15 = \_\_\_\_\_ /10 = \_\_\_\_\_ Amount added on to monthly tuition

**My child will need:** \_\_\_\_ Breakfast

**Preschool Premium Program** is for our families needing *all day care*.

Age	Part Time Premium * < 30 hours or 2/3 Days	Full Time Premium * 30+ hours or 4/5 days	Full Time Premium Plus
	< 30 hours/week	30-45 hours/week	46-55 hours/week
INFANTS 3 mo. – 14 mo. *	\$80/day	\$360/week	\$375/week
TODDLER/2's 15mo.-3 yr. *	\$75/day	\$310/week	\$325/week
3's, 4's, & 5 yrs. Old *	\$70/day	\$275/week	\$290/week

**PART TIME PRESCHOOL PREMIUM: Part Time: less than 30 hours/week Infant-6 years**  
 Write in times

Mon Tue Wed Thu Fri

Time in: \_\_\_\_\_

Time out: \_\_\_\_\_

Total Hours per Week: \_\_\_\_\_ Weekly Cost: \_\_\_\_\_

**My child will need:** \_\_\_\_ Breakfast \_\_\_\_ A.M. Snack \_\_\_\_ Lunch \_\_\_\_ P.M. Snack

**FULL TIME PRESCHOOL PREMIUM: Full Time: 30-45 hours/week Infant-6 years**  
 Write in times

Mon Tue Wed Thu Fri

Time in: \_\_\_\_\_

Time out: \_\_\_\_\_

Total Hours per Week: \_\_\_\_\_ Weekly Cost: \_\_\_\_\_

Total Weekly Cost: \_\_\_\_\_

**My child will need:** \_\_\_\_ Breakfast

**PREMIUM PLUS: 46-55 hours/week is an additional \$15/week added to FULL TIME PRESCHOOL PREMIUM fees**

Please check \_\_\_\_\_ + \$15