



2019-2020 Enrollment Application

Date: _____ Reg Fee _____
 Tuition Amount _____
 Monthly _____ Weekly _____
 Allergies _____ Epi _____

Preschool Class: _____ Advantage: _____

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 (2019-20). 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:

Other than parent or guardian: 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 _____

Just For Kids Preschool and Learning Center Preschool Programs 2019-2020

Student Name _____ DOB _____
Tuition Amt. _____ (office only)

Please make your class selection below by checking your choice

Programs	Program Times	Days	Daily Rate
Toddler/2's	9am-12pm	____ Mon/Wed/Fri ____ Tue/Thu	\$30.30
	9am-2pm	____ Mon/Wed/Fri ____ Tue/Thu	\$48
3 Years Old	9am-noon	____ Mon/Wed/Fri ____ Tue/Thu	\$29.60
	9am-2pm	____ Mon/Wed/Fri ____ Tue/Thu	\$47
4 Years Old/Pre-K	9am-12pm	____ Mon/Wed/Fri ____ Mon-Thu ____ Mon-Fri	\$29.40
	9am-2pm	____ Mon/Wed/Fri ____ Mon-Thu ____ Mon-Fri	\$47

School year tuition is paid in ten monthly payments. It is calculated by the number of days the class is in session times the daily rate, divided by ten.

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

PRE-SCHOOL ADVANTAGE: 7-9am & 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