



2020-2021 Daycare Enrollment Application

Date of registration:	_____
Preschool Class:	_____
Tuition Amount:	_____
Monthly	_____ Weekly _____
Allergies	_____ Epi _____

A \$100 non- refundable registration fee is due with the enrollment application.

Child Information

Child's Last Name _____ First Name _____ M _____ Male _____ Female _____
 Name to be used at school _____ DOB ____/____/____ Age _____
 Child's Primary Language _____ Parent/Guardian's Primary Language _____
 Child's Home Address _____ City _____ Zip _____
 Subdivision _____ School District # (ex: 204) # _____ Elementary School _____
 Primary Phone _____ Primary Email: _____
 Parent/Guardian Marital Status: Single Married Divorced Widowed Primary Residence: Mother Father Both Guardian
 List family members your child lives with- include names and ages of siblings: _____

Parent/Guardian Contact & Release Persons

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 _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact & Release Persons

In the event of an emergency, **if parent/guardian cannot be reached**. Please list in priority order the persons you authorize to pick up or accompany the child for purposes of medical treatment. A child will not be released to anyone (other than a parent) under the age of 18, including siblings. Please list the person(s) you would like authorized to pick up your child on a given day (i.e. babysitter). Please indicate if they are emergency contact and release or just release.

Mandatory:
 Name _____ Relationship to child _____
 Home Phone _____ Cell Phone _____
 Home address _____ City, State, & Zip _____
 _____ **Emergency Contact and Release** _____ **Release Only**

Optional:
 Name _____ Relationship to child _____
 Home Phone _____ Cell Phone _____
 Home address _____ City, State, & Zip _____
 _____ **Emergency Contact and Release** _____ **Release Only**

Optional:
 Name _____ Relationship to child _____
 Home Phone _____ Cell Phone _____
 Home address _____ City, State, & Zip _____
 _____ **Emergency Contact and Release** _____ **Release Only**

Medical Information

Child's Physician's Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Illinois.

Enrollment Registration Information Authorization for Medical Treatment of a Minor In the event of a medical issue requiring a physician's care, would you like us to call your family physician? Yes _____ No _____

Please provide the following information:

Dentist Name: _____ Practice/Clinic Name: _____
Address: _____ Phone: _____

General Health

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.*).

Allergies (Please check and list all that apply)

Food: Allergen: _____
Reaction: _____

Medication: Allergen: _____
Reaction: _____

Food Restriction/Other: Allergen: _____
Reaction: _____

Are any of these allergies life-threatening? ___ yes ___ no Does your child have an epi-pen? ___ yes ___ no

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 _____

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 on Brightwheel
- (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) Be given first aid treatment for minor cuts, scrapes, bumps, or bloody nose
- (H) 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 _____

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. *	\$81.50/day	\$365/week	\$380/week
TODDLER/2's 15mo.-3 yr. *	\$76.50/day	\$315/week	\$330/week
3's, 4's, & 5 yrs. Old *	\$71.50/day	\$280/week	\$295/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: _____		

My child will need: ___ Breakfast ___ A.M. Snack ___ Lunch ___ P.M. Snack

FULL TIME PREMIUM PLUS: Full Time 46-55 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