

# Just For Kids



## Enrollment Application

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

### 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 (2021). 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**

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 \_\_\_\_\_

<b><i>Blocks of time in hours *</i></b>	<b><i>Cost</i></b>
<b>10 hours</b>	<b>\$90.00</b>
<b>25 hours</b>	<b>\$212.50</b>
<b>50 hours</b>	<b>\$400.00</b>
<b>100 hours</b>	<b>\$750.0</b>