



2022-2023 Preschool Enrollment Application

Date of registration: _____ Start Date: _____ Discharge Date: _____
 Class: _____ Days: _____ Times: _____

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

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
 List Family members your child lives with- include names and ages of siblings: _____

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 _____

Parent/Guardian Signature: _____ **Date:** _____

Child's Name _____

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 _____

Email address _____ City, State, & Zip _____

Check one: **Emergency Contact and Release** **Release Only**

Optional:

Name _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Email address _____ City, State, & Zip _____

Check one: **Emergency Contact and Release** **Release Only**

Optional:

Name _____ Relationship to child _____

Home Phone _____ Cell Phone _____

Email address _____ City, State, & Zip _____

Check one: **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:** _____

Child's Name _____

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 (2022-23). 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, Discharge, & Late Pick-Up Policy

I/We hereby acknowledge that I/we have read, understand, and agree to the Discipline Policy, Discharge, 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)
- ___ (I) Share contact information with parents of classmates

Parent/Guardian Signature _____ Date _____

Just For Kids Preschool and Learning Center Preschool Programs 2022-2023

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

Please make your class selection below by checking your choice

Programs	Program Times	Days	Daily Rate
Toddler/Barn	9am-12pm	____ Mon/Wed/Fri ____ Tue/Thu	\$32.50
	9am-2pm	____ Mon/Wed/Fri ____ Tue/Thu	\$52.50
2's /Farm	9am-12pm	____ Mon/Wed/Fri ____ Tue/Thu	\$32.20
	9am-2pm	____ Mon/Wed/Fri ____ Tue/Thu	\$52.20
3 Years Old/Safari	9am-noon	____ Mon/Wed/Fri ____ Tue/Thu	\$31.80
	9am-2pm	____ Mon/Wed/Fri ____ Tue/Thu	\$51.80
4-5 Years Old/Pre-K/ UTS	9am-12pm	____ Mon/Wed/Fri	\$31.20
		____ Mon-Thu	\$30.90
		____ Mon-Fri	
	9am-2pm	____ Mon/Wed/Fri	\$51.20
		____ Mon-Thu	\$50.90
		____ Mon-Fri	

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.

PRESCHOOL ADVANTAGE: 7-9am & 2-4pm (15 mo.-6 years) \$20 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: _____

of blocks ____ x # Days ____ x \$20 = _____ /10 = _____ Amount added on to monthly tuition

(Office use)	Mon	Tues	Wed	Thurs	Fri	Class Time
Toddlers/Barn	____	____	____	____	____	_____
2 Years Old/Farm	____	____	____	____	____	_____
3 Years Old/Saf	____	____	____	____	____	_____
4-5 Pre-K/UTS	____	____	____	____	____	_____



Payment Processing Information 2022-23

Preschool

- 10 installments due the 1st of the month August 2022-May 2023
- Just For Kids accepts **cash, check, automatic withdrawal from your checking- ACH (\$3 fee per transaction), bill pay through your bank, Master Card, Visa, and DISCOVER. A 3% service fee will be added to all MC, VISA, and DISCOVER transactions.** Payments by check can be put in the pocket of your child's school bag, dropped in the outside mailbox, or mailed directly to Just For Kids. If payment is not received by the 15th of the month, you will be notified and a late fee will be assessed. Tuition payments received after the 15th of the month are late and will be charged a delinquent fee of \$25 monthly.
- Please select your payment method below and return it with your enrollment form.

Payment Processing Options for 2022-23 Tuition Payments

Please select your payment option for the school year:

_____ EFT from your checking account (\$3 fee per transaction)

_____ Credit Card monthly rebill (A 3% transaction and fee will be charged)

_____ Bill Pay through checking

_____ Personal checks and Cash

Parent Name _____

Parent Signature _____ Date _____

Child Name _____