



Enrollment Application 2022

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

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 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. (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 _____

<i>Blocks of time in hours *</i>	<i>Cost</i>
10 hours	\$100
25 hours	\$243.75
50 hours	\$475.00
100 hours	\$925.00