



Welcome to our summer camp 2023! Enjoy 9 exciting fun filled themed weeks of activities, games, art, music, snack, exploration, and more! Registration begins in March and is on a first come first served basis. Attending Just For KIDS CAMP 2023 ensures your child will be learning, will be socializing with peers, will be active, and will be having a fantastic time!

**Camp Dates:** June 5-August 4, Offered Monday-Friday

**Camp Hours:** Morning Camp for 15 months-6 years is 9am-12pm; Extended Camp is 9am-2pm.

**Fees: A \$30 registration fee is required if you are not a JFK student.**

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

**Please print legibly.**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name to be used at school \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Child's Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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: \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent/Guardian #2: Name \_\_\_\_\_ Email: \_\_\_\_\_

Address if different from above \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone \_\_\_\_\_

**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**

## Emergency Contact & Release Persons Cont'd.

### 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:** \_\_\_\_\_

### 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 allergies/and or food restrictions (*Please be very specific, noting all foods, etc. and reactions*).

**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

\*If your child has an epi-pen, parents need to inform JFK if it will be in the child's school bag daily or if one will be provided for the child's classroom emergency bag. The epi-pen must contain the prescription label and an Illinois Emergency Action Plan must be completed by the child's physician and accompany it.

### 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 (2023-24). 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 (visit [www.justforkidspreschool.com](http://www.justforkidspreschool.com) under registration)

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 for advertising (No names used)
- (D) Use photograph on the Just For Kids Website (No names used)
- (E) Use photograph on the Just For Kids Facebook page (No names used)
- (F) Be given first aid treatment for minor cuts, scrapes, bumps, or bloody nose.
- (G) 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 \_\_\_\_\_

**Program Information:** If you are **new to JFK**, please provide a copy of your child's *birth certificate and Certificate of Child Health Examination form* (Valid for two years). Your child's physician must fill out *tb* portion, *lead* portion, and parent answer questions, sign & date the health form with your enrollment form, registration fee, and camp fees.

If attending the 3 year and up group, your child must be fully toilet trained and independent in the bathroom. Students may enroll in any number of weeks with a 2- day minimum a week. Daily snacks are provided by JFK. A hot lunch will be provided by Organic Life. Siblings receive a 10% discount. All campers should wear comfortable clothing to camp each day. Extended day camp includes water play daily after lunch. Please bring a swimsuit, towel, and sunscreen.

**SUMMER Camp Dates, Themes, & Times**

<b>WEEKS/DATES/THEMES</b>	<b>Toddlers/ 2 Years 9am-12pm \$34.50/daily \$155/week</b>	<b>Toddlers/2 Years 9am-2pm \$56.50/daily \$255/week</b>	<b>3-6 Years 9am-12pm \$33.50/daily \$151/week</b>	<b>3-6 Years 9am-2pm \$55.50/day \$250/week</b>
___ Wk. 1 June 5-9 The Ants Go Marching/Bug Week	M T W TH FR	M T W TH FR	M T W TH FR	M T W TH FR
___ Wk. 2 June 12-16 Animal Action/Father's Day	M T W TH FR	M T W TH FR	M T W TH FR	M T W TH FR
___ Wk. 3 June 19-23 Mermaid/Pirate Week	M T W TH FR	M T W TH FR	M T W TH FR	M T W TH FR
___ Wk. 4 Jun 26-30 Ice Cream, Bubbles, & Games	M T W TH FR	M T W TH FR	M T W TH FR	M T W TH FR
___ Wk. 5 July 3-7 4th of July-Good Ole' USA CLOSED MON. 3rd & Tues JULY 4th	W TH FR	W TH FR	W TH FR	W TH FR
___ Wk. 6 July 10-14 Camping Week	M T W TH FR	M T W TH FR	M T W TH FR	M T W TH FR
___ Wk. 7 July 17-21 Outer space/Wild Wild West	M T W TH FR	M T W TH FR	M T W TH FR	M T W TH FR
___ Wk. 8 July 24-28 Colors Camp	M T W TH FR	M T W TH FR	M T W TH FR	M T W TH FR
___ Wk. 9 July 31-Aug 4 Wacky Water Week	M T W TH FR	M T W TH FR	M T W TH FR	M T W TH FR

**Student Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Primary Phone:** \_\_\_\_\_

**# Days** \_\_\_\_\_ **X (9-12fee)** \_\_\_\_\_ = **Total** \_\_\_\_\_ + **#Days** \_\_\_\_\_ **X (9-2 fee)** \_\_\_\_\_ = \_\_\_\_\_