



ENROLLMENT APPLICATION

CHILD'S INFORMATION

<input type="checkbox"/> SUMMER CAMP	<input type="checkbox"/> BEFORE & AFTER CARE	<input type="checkbox"/> PRE-SCHOOL
* Non-refundable registration fee is \$75. Tuition is subject to change.		
Child's name:		Nickname:
Date of birth:		Age: SSN:
Home address:		Home Phone:
City:		State: ZIP Code:
School Name:	Email:	
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other – If so, please specify:		
Number of siblings:		Names of siblings:
Number of pets:		Names of pets:
Child's interests and hobbies:		
List two (2) people, not living at your residence, who will be responsible for your child if you cannot be reached:		
Name: _____		Phone: _____ Relationship: _____
Name: _____		Phone: _____ Relationship: _____
Has your child participated in any previous before/after care programs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please list the program attended: _____		

PARENT'S INFORMATION

Name:		Relationship:
Date of birth:		Cell Phone:
Address:		
Social Security Number:		
City:		State: ZIP Code:
Driver's License Number:		State Issued:
Current employer:		
Employer address:		Work Phone:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:		Relationship:
Date of birth:		Cell Phone:
Address:		
City:		State: ZIP Code:
Driver's License Number:		State Issued:
Current employer:		





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Employer address: _____ Work Phone: _____

CHILD'S MEDICAL INFORMATION

Doctor's name: _____ Clinic/Hospital: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

Dentist's name: _____ Clinic/Hospital: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

Admitting Hospital for the Child:

Does your child require any health care or special (IEP) needs? Yes No

If so, list any health care or special needs: _____

List any allergies:

TRANSPORT INFORMATION

List anyone who will be dropping your child off in the morning:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

List anyone who will be picking your child up in the afternoon:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

List anyone who **does not** have permission to receive your child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____





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You, the parent, **must** notify Just For Kids, LLC if anyone not on the list will be picking your child up from the center. Just For Kids, LLC will not be able to release your child unless notified in person or via telephone. Photo identification will be needed to ensure the safety of the child.

I will notify Just For Kids, LLC if any changes are needed to these arrangements.

Parent/Legal Guardian Signature: _____ Date: _____

FIELD TRIPS

I authorize Just For Kids, LLC Before and After care program and Summer Camp to take my child on field trips. I authorize my child to ride as a passenger in the vehicle owned or leased by Just For Kids, LLC. I will make a written statement of notification if I wish for my child not to attend a particular field trip. I understand all such trips are under the supervision of Just For Kids, LLC and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Parent/Legal Guardian Signature: _____ Date: _____

PERSONAL INFORMATION RELEASE

Just For Kids, LLC will not release information pertaining to the admissions, progress, health, or discharge of a child unless a specific written request has been made by the parent.

Parent/Legal Guardian Signature: _____ Date: _____

PHOTOGRAPH RELEASE

Just For Kids, LLC may occasionally take photographs of the children to use on center bulletin boards and/or in adverts (i.e. newspapers, brochures, etc).

Do you give Just For Kids, LLC your permission to use such photographs: Yes No

Parent/Legal Guardian Signature: _____ Date: _____

EMERGENCY FIRST AID

At Just For Kids, LLC, the only first aid measures taken are for minor bumps, bruises, cuts, scratches, nosebleeds, and/or splinters. If further medical care is needed, Just For Kids, LLC will notify me and/or the child's other parent/guardian. If I or the child's other parent/guardian cannot be reached, I authorize Just For Kids, LLC to secure emergency medical care for my child. I, the parent, will be responsible for the emergency medical charges upon receipt of statement.

Parent/Legal Guardian Signature: _____ Date: _____

SURVEY





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How did you hear about the program at Just For Kids, LLC ?

Ad Flyer Another parent Church Word of mouth Other – If so, please specify: _____

List any important values, beliefs, and/or cultural and child-rearing practices that Just For Kids, LLC should be informed about:

