



## 2023-2024 Daycare Enrollment Application

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

**A \$100 non- refundable registration fee is included in 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 \_\_\_\_\_

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**

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**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 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

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: Please indicate a **Y** or **N** on each line.

- \_\_\_ (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 \_\_\_\_\_

Child's Name \_\_\_\_\_

**Daycare Program**

Age	Part Time Premium < 30 hours or 2/3 days	Full Time Premium 30+ hours or 4/5 days	Full Time Premium Plus
	< 30 hours/week	30-45 hours/week	46-55 hours/week
<b>INFANTS/Garden</b> 3 mo. – 14 mo. *	___\$89.15/day	___\$400.85/week	___\$416.55/week
<b>TODDLER/Barn</b> 15 mo.-2 yrs.	___\$84.25/day	___\$348.60/week	___\$365.55/week
<b>2 Years Old/Farm</b>	___\$83.85/day	___\$347.95/week	___\$363.85/week
<b>3 Years Old/Safari</b>	___\$78.95/day	___\$312.45/week	___\$328.45/week
<b>4-5 Yrs. Pre-K/UTS</b>	___\$78.55/day	___\$311/week	___\$326.90/week

Select one and fill in days and times.

\_\_\_\_\_ **PART TIME PRESCHOOL PREMIUM: Part Time:** less than 30 hours/week

\_\_\_\_\_ **FULL TIME PRESCHOOL PREMIUM: Full Time:** 30-45 hours/week

\_\_\_\_\_ **FULL TIME PREMIUM PLUS: Full Time** 46-55 hours/week

Write in times

	Mon	Tue	Wed	Thu	Fri
<b>Time in:</b>	_____	_____	_____	_____	_____
<b>Time out:</b>	_____	_____	_____	_____	_____

**Total Hours per Week:** \_\_\_\_\_ **Weekly Cost:** \_\_\_\_\_

**My child will need:** \_\_\_\_\_ Breakfast \_\_\_\_\_ A.M. Snack \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. Snack

**\*New Infant transition visits:**

Child's anticipated start date: \_\_\_\_\_

Please list a couple of available dates that are a week or two prior to your child's start date that you or your caregiver can attend the infant class with your child for transitioning.

Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_

Date 3: \_\_\_\_\_ Date 4: \_\_\_\_\_

We will confirm a day and time once we receive this form.

