



2023-2024 Just For Kids Preschool 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 _____

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 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 _____



Payment Processing Information 2023-24

Preschool

- 10 installments due the 1st of the month August 2023-May 2024
- 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 2023-24 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 (Customer sets up through their own bank)
- Personal checks and Cash (Checks payable to Just For Kids)

Parent Name _____

Parent Signature _____ Date _____

Child Name _____ Class _____