

# Just For **KIDS** Preschool

Class _____
# _____

## 2010-2011 Enrollment Application

**To Register:** Please complete application and return it to the office with a \$100.00 non-refundable registration fee.

**Child's Name** (Last, First, M) \_\_\_\_\_

**Name child likes to be called by teacher and children** \_\_\_\_\_

**If applicable, name you want child to learn to write** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Subdivision** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_ **School District Name & #** \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_ **E-mail** \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Employer Name** \_\_\_\_\_ Phone \_\_\_\_\_

Address, city, zip \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_ **E-mail** \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Employer Name** \_\_\_\_\_ Phone \_\_\_\_\_

Address, city, zip \_\_\_\_\_

**Child resides with** \_\_\_\_\_

Siblings 1. \_\_\_\_\_ DOB \_\_\_\_\_ 2. \_\_\_\_\_ DOB \_\_\_\_\_

3. \_\_\_\_\_ DOB \_\_\_\_\_ 4. \_\_\_\_\_ DOB \_\_\_\_\_

# Just For **KIDS** Preschool

## TUITION SCHEDULE 2010/2011 Just For KIDS Preschool Class Schedule

(PLEASE Check # days/week option and circle days & times)

### 2 YEAR OLD PROGRAMS (Must be 2 years to start class)

One or Two day /week Option:

1 day/week (\$92/mo) \_\_\_\_\_ 2 days/week (\$180/mo) \_\_\_\_\_  
Monday-A.M. Tuesday-A.M. Wednesday-A.M. Thursday-A.M.  
9:00-11:30 9:00-11:30 9:00-11:30 9:00-11:30

### 3 YEAR OLD PROGRAMS (Must be 3 by October 31)

Two or Three day/ week Option:

2 days/week (\$180/mo) \_\_\_\_\_ 3 days/week (\$262.50/mo) \_\_\_\_\_  
Tuesday/Thursday-A.M. Tuesday/Thursday-P.M. Friday 9:00-11:45 am **or**  
9:00-11:45am 12:30-3:15pm 12:30- 3:15 pm

### 4-5 YEAR OLD PRE-KINDERGARTEN PROGRAMS (3 day-Must be 4 by October 31) (4 or 5 day-Must be 4 by September 1)

Three, Four, or Five day/ week Option:

3 days/week (\$255mo) \_\_\_\_\_ 4 days/week (\$322.50mo) \_\_\_\_\_ 5 days/week (\$391.50/mo) \_\_\_\_\_  
Mon/Wed/Fri-A.M. Mon/Wed/Fri-P.M. Mon/Tues/Wed/Thurs-P.M. Mon/Tues/Wed/Thurs/Fri-P.M.  
9:00-11:45 12:30-3:15 12:30-3:15 12:30-3:15

**PLEASE PUT SPECIAL REQUESTS HERE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Just For **KIDS** Preschool

## 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.

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

## GENERAL HEALTH

Does your child have any dietary restrictions? \_\_\_\_\_

\_\_\_\_\_

Please list any health or special concerns **Just For KIDS Preschool** should be aware of, such as allergies, disabilities, or medications. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Just For **KIDS** Preschool

## PERSONS AUTHORIZED TO BE CONTACTED in case of an Emergency.

(If parent or guardian is unavailable).

**\*\*These people should also be listed on your authorized to pick up list below\*\***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### ADDITIONAL PERSONS AUTHORIZED TO PICK UP CHILD:

**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.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

# Just For **KIDS** Preschool

## GENERAL AUTHORIZATION

I hereby grant **Just For KIDS Preschool** permission for the above named child to:

- (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) be included in the preschool directory which is distributed to **Just For KIDS Preschool**.
- (D) be given prescribed medications provided by the parent as directed by the written instructions from a physician (a log will be kept of administered medications).
- (E) be given first aid treatment for minor cuts, scrapes, bumps, or bloody nose.

**\*Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Parent Handbook, Discipline, & Late Pick Up Policy

I/We hereby acknowledge that I/we have read and understand the policies, including the Discipline Policy, and the Late Pick Up Policy as they are stated in the **Just For KIDS Preschool** Parent Handbook.

**\*Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### OFFICE USE ONLY

Date \_\_\_\_\_ Reg Fee \_\_\_\_\_ Sep \_\_\_\_\_ Discount Amt \_\_\_\_\_ Tot Pd. \_\_\_\_\_

How Pd (csh/ck#/chrg) \_\_\_\_\_ Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Enr form w/sig \_\_\_\_\_ Completed Medical Form \_\_\_\_\_ DCFS Licensing \_\_\_\_\_