



Enrollment Application

Thank you for your interest in our program. Please complete and return all enrollment forms prior to your child's first day of attendance - your child cannot start until all forms are complete and on file. All information provided is kept confidential.

General Information

Child's Name _____ Sex _____ Race _____ Date of Birth _____

Child's Home Address _____ City _____ Home Phone _____ Cell _____

Child's Social Security Number _____ Date Of Application _____

Child's Schedule

Child's projected first date of attendance (if known) _____

What days of the week will your child be attending: _____

What hours will your child typically be attending: from _____ to _____

Parent(s) and/or Legal Guardian(s)

Marital Status: Married Divorced Single Separated

Name	Relationship	Place of Employment	Work Phone	Work Schedule	Social Security #

Siblings & Other Household Members

Siblings		Other Household Members	
Name	Birth Date	Name	Relationship

Tuition Rates

Because it is important to us to keep our services affordable for families, Just Kids offers a sliding fee scale for tuition rates based on family size and household income levels. Please ask about current tuition rates.



Child Release/Emergency Designee Authorization

Child's Full Name _____ Date of Birth _____

Parent(s) and/or Legal Guardian(s)

Name	Relationship	Address	Place of Employment	Home Phone	Work Phone	Cell Phone

Children WILL NOT be released to anyone who is not listed below. Even though we have this written authorization, we request a written note each time someone other than a custodial parent or legal guardian will be picking up a child. All persons picking up children, other than a parent or legal guardian, will be asked for identification (with photo) and their names will be checked against this list BEFORE they are allowed to leave the building with your child. Just Kids must be notified IN WRITING of any changes regarding persons authorized to pick up your child.

Child Release Authorization (Minimum of 2)

In the event that I/we cannot be contacted or are otherwise unable to pick up my/our child should they: require emergency medical and/or surgical care; become ill; still be present by program closing time; or other unexpected reasons, my child may be released to the following persons.

Name	Relationship	Address	Place of Employment	Home Phone	Work Phone	Cell Phone

PLEASE NOTE: Persons listed above may be removed from the pick-up list at your discretion. However, once an individual is removed from the list, they may not be added back onto the list for 1 year. Additionally, If there are persons you do not want your child to have contact with, it is important for you to understand that we cannot legally deny access to, or the release of, a child to a biological parent or other legal guardian with custody rights unless we have a court order on file stating otherwise. If there is a biological parent or other legal guardian who you do not want to have access to your child, we must have a court order on file or we have no legal grounds to deny this access.

Emergency Medical Care Authorization

I hereby give my consent for medical treatment to Just Kids staff and hospital physicians. I agree to pay all costs and fees contingent on any emergency medical treatment for my child as secured or authorized under this consent. This authorization is in effect starting (date) _____ and will continue while my child is enrolled at Just Kids.

Medical Information

Name of Physician	Hospital preference	Phone	Food Allergy Form
Any medications, known allergies, medical conditions, or other information that may be of use in a medical emergency. If your child has a food allergy we need to have your doctor fill out an additional form.			

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____



Health History

Child's Name _____ Date of Birth _____

There are many things that are helpful, if not essential, for us to know about a new child and their family. Please complete the following items so we can begin to know and understand your child. And, be sure to keep us informed of any changes or events that may affect your child during their time with us.

1. Does your child have any allergies or other medical conditions? Yes No If yes, please explain:

2. Is your child on any medications? Yes No If yes, list name of medication(s) and purpose.

3. Does your child have any dietary restrictions for medical, religious or personal reasons?
 Yes No If yes, please explain:

4. Has your child ever been hospitalized? Yes No If yes, please explain:

5. Are your child's immunizations up to date for their age? Yes No If yes, please explain:

6. Does your child have any urination or bowel movement issues? Yes No If yes, please explain:

7. Does your child have any emotional, behavioral or other issues that may affect their adjustment to our program?
 Yes No If yes, please explain:

8. Does your child have any special needs that would affect their day to day activities or that require special care or attention? Yes No If yes, please explain:

9. Describe your child's eating habits and favorite foods:

10. Does your child rest or nap during the day? Yes No If yes, when and for how long?

11. Does your child have any difficulties going to bed at night? Yes No If yes, please explain:



Health History, cont.

Child's Name _____ Date of Birth _____

12. Has your child had any other group care experiences outside the home? ___ Yes ___ No If yes, please describe and give the reason you changed these care arrangement(s):

13. Describe your child's personality and temperament:

14. How does your child express anger, frustration, and disappointment?

15. How does your child react when parting with you? Any separation anxiety?

16. How does your child comply with or react to limits, rules and other restrictions?

17. How does your child adapt to new situations?

18. What discipline techniques do you use when your child misbehaves?

19. What are your child's favorite activities and playthings?

20. Do you have any pets at home? ___ Yes ___ No If yes, what kind and what are their names:

21. What are your expectations for your child's experiences in our program?

22. Is there anything else you would like us to know about your child or your family (values, beliefs, cultural practices or perspectives)?



Parental/Legal Guardian Consent Form

Child's Name _____ Date of Birth _____

Off Premise Walks & Field Trips

I give my permission for my child to participate in walks and field trips off Just Kids premises, which may include walks around the neighborhood, or field trips to points of interest in the Quad Cities and surrounding communities. I understand that I will be informed in advance when off premise field trips will occur, and that I am welcome to join my child's class on these trips if I let my child's teachers know ahead of time that I will be attending.

Transportation

I give my permission for my child to be transported on contracted public or private bus services to and from field trip destinations in the Quad Cities and surrounding communities. I understand that I will be informed in advance when my child will be transported off Just Kids premises on a contracted public or private bus service and that the bus service is liable for any mishaps that may occur while my child is being transported.

Photographs

I ___ do ___ do not give my permission for my child to be photographed while attending Just Kids with ___ no ___ some restrictions (explain any restrictions):

I understand that photographs of my child may be used:

- As documentation of their learning for assessment purposes
- For on-site bulletin board or other displays
- For off-site displays used to promote Just Kids and quality early childhood programming in the community
- For other promotional materials such as brochures, flyers, posters or videos

Mandated Reporter

If the staff at Just Kids has reasonable cause to believe that a child is being abused or neglected, they are required by law to report it to The Department of Children and Family Services. This includes any person attempting to pick up a child under the influence of alcohol or drugs. As mandated reporters we are obligated to notify someone else on your child's pick up list if we suspect any of the above conditions.

Receipt of Family Handbook

I have received a copy of the Just Kids Family Handbook and agree to adhere to the policies and procedures therein.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____