

PARENTS: To complete this registration, we will need:

- _____ Registration form
- _____ Student Information Sheet
- _____ Current physical exam
- _____ Immunization certificate

2020-21



Preschool refers to students who are registered in a 3 or 4/5-year-old preschool class at JFK/Guardian Angel Preschool.

JFK Child Care Preschool Program Registration Form

One form is required for each child.

Child's Name _____ Birthdate _____ Grade _____

Address _____

Street Address _____ City _____ State _____ Zip Code _____

Parent/Guardian Name(s) _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's E-mail _____ Father's E-mail _____

Registering for: After School Care* Before School Care Per Quarter** Before School Care Per Diem**

AFTER SCHOOL CARE *For afternoon preschoolers only	BEFORE SCHOOL CARE **For morning preschoolers only
REGISTRATION FEE: \$25 PER CHILD FOR ONE OR BOTH PROGRAMS	
RATES: Per Child: \$1.60 per 15 minutes	RATES: PER QUARTER: \$135 (guarantees a spot everyday) PER DIEM: \$4.00 (not offered on a drop-in basis.)
PAYMENT METHOD: Payment will be pulled from your established childcare account. (See below.)	PAYMENT METHOD: 1) Pay the Per Quarter amount at the beginning of the quarter. 2) Payment for Per Diem will be pulled from your established childcare account. (See below.)
Childcare statements are sent VIA backpack mail every other week throughout the year.	
LOCATION: After School Care for afternoon preschool students is held in the ECLC classroom located on the same level of the school building as the preschool rooms. HOURS OF OPERATION: M-T-TH-F 2:40-5:30 p.m. WEDNESDAY 1:40-5:30 p.m.	LOCATION: Before School Care for morning preschool students is held in the ECLC classroom located on the same level of the school building as the preschool rooms. HOURS OF OPERATION: M – F 7:00-7:25 a.m.
PICK UP: Enter through the ECLC outside door (4W) located on the south end of the building near the preschool entrance. The child must be signed out of our care by an authorized adult who is listed on the Student Information Sheet.	DROP OFF: Enter through the ECLC outside door (4W) located on the southwest end of the building near the preschool entrance. The child must be signed in to our care by an authorized adult who is listed on the Student Information Sheet.

CHILD CARE ACCOUNT:

A child care account must be established by every family using JFK Child Care Services. This can be accomplished by making an initial deposit on the day of registration of an estimated amount to cover the cost of the first two weeks of child care expenses.

Families are expected to continue to make regular deposits into this account in one of these manners:

- 1) Continue to make bi-weekly deposits to cover the estimated expenses for child care
- 2) Pay the bi-weekly statement in full the week it is sent home.
- 3) Make a deposit/payment using your debit or credit card. A 1% fee will be added.

PER DIEM – FOR MORNING PRESCHOOL STUDENTS ONLY

Per Diem child care is generally not offered on a drop-in basis. Please make prior arrangements if you need child care to inquire if there is space available for your child to come on a given day(s). We are licensed by the Iowa Department of Human Services and are held to a staff-to-student ratio which may vary depending on the number of children and differing ages.

OTHER FEES

LATE PICK-UP FEE: The hours of operation for After School Care are from 2:40-5:30pm (and 1:40-5:30pm on Wed.) When you are late picking up, a fee of \$2.00 per child per every 5 minutes past 5:30 will be charged to your child care account.

RETURNED CHECK FEE: If your payment check is returned due to insufficient funds, your child care account will be charged \$10.00.

I understand that school rules and policies of JFK School apply to students enrolled in JFK Child Care Services.

I understand and agree that the violation of these rules and policies and/or non-payment of childcare fees may result in my child not being allowed to attend the childcare programs at John F. Kennedy School.

I understand that access to childcare may be terminated for any family who fails to pay for childcare services.

Parent Signature _____

Date _____

Signature: JFK Principal/Director of JFK Child Care Services

Date: _____

**JFK CHILDCARE PRESCHOOL STUDENT INFORMATION FORM
WITH EMERGENCY MEDICAL CONSENT**

CHILD'S NAME:		BIRTH DATE:	
PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES			
1. NAME		RELATIONSHIP TO CHILD	
ADDRESS			
HOME NUMBER	CELL NUMBER	WORK NUMBER	
2. NAME		RELATIONSHIP TO CHILD	
ADDRESS			
HOME NUMBER	CELL NUMBER	WORK NUMBER	
EMERGENCY CONTACTS/PERMISSION TO PICK UP – INCLUDE YOURSELF			
1. NAME		<input type="checkbox"/> EMERGENCY CONTACT AND PICK UP	<input type="checkbox"/> PICK UP ONLY
HOME PHONE	CELL PHONE	WORK PHONE	
2. NAME		<input type="checkbox"/> EMERGENCY CONTACT AND PICK UP	<input type="checkbox"/> PICK UP ONLY
HOME PHONE	CELL PHONE	WORK PHONE	
3. NAME		<input type="checkbox"/> EMERGENCY CONTACT AND PICK UP	<input type="checkbox"/> PICK UP ONLY
HOME PHONE	CELL PHONE	WORK PHONE	
4. NAME		<input type="checkbox"/> EMERGENCY CONTACT AND PICK UP	<input type="checkbox"/> PICK UP ONLY
HOME PHONE	CELL PHONE	WORK PHONE	
5. NAME		<input type="checkbox"/> EMERGENCY CONTACT AND PICK UP	<input type="checkbox"/> PICK UP ONLY
HOME PHONE	CELL PHONE	WORK PHONE	

Is there a custody or restraining order for persons who may attempt to pick the child up? YES NO

If YES, please supply the name(s) below and a copy of the court order restraining the individual(s).

Name	Name
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PHYSICIAN NAME	DENTIST NAME
PHONE NUMBER	PHONE NUMBER
ADDRESS	ADDRESS
HOSPITAL PREFERENCE	
KNOWN ALLERGIES	
DAILY MEDICATION	
INSURANCE PROVIDER	POLICY IDENTIFICATION NUMBER

This form allows parents and guardians to authorize the provision of emergency treatment for below named child who becomes ill or injured while under program authority when parents or guardians cannot be reached. In the event reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician or dentist.

I agree to pay all costs and fees as secured or authorized under this consent.

This consent will be in effect for one year, beginning on the date signed, and updated annually thereafter.

SIGNATURE OF PARENT OR GUARDIAN

PRINTED NAME

DATE