PARENTS: To complete this			
registration, we will need:			
Registration form			
Student Information Sheet			
Assessment and Health Form			
Immunization certificate			

Signature: JFK Principal/Director of JFK Child Care Services

2023-24



School-Age refers to students in Kindergarten through a student's 13th birthday.

JFK After School Care for School-Age Students Kindergarten – 12 years of age Program Registration Form One form is required for each child.

One form is required for each child.					
Child's Name	Birthdate	Grade			
Address Street Address Cit	y State	Zip Code			
Parent/Guardian Name(s)					
Mother's Cell Phone	Father's Cell Phone				
Mother's Work Phone	Father's Work Phon	e			
Mother's E-mail	Father's E-mail				
AFTER SCI	HOOL CARE				
RATES: Each Child: \$5.00 per hour					
LOCATION:	PICK UP:				
After School Care for school age students is held in	Enter through the sch	nool's main entrance on 42 nd			
the lunchroom inside the main entrance of the school.	Street. Ring the door	bell to the right of the doors to			
HOURS OF OPERATION:	gain entry.				
M-F 2:40-5:30 p.m.	, •	gned out of our care by an			
27.10 010 0 p.m.		to is listed on the Student			
	Information Sheet.				
LATE PICK-UP FEE: The hours of operation for After School Care are from 2:40-5:30pm (1:40-5:30pm on Wed.) When you are late picking up, a fee of \$15.00 per child per every 15 minutes past 5:30 will be charged to your child care account.					
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 pebeing allowed to attend the child care programs at John F. Ke		nt of fees may result in my child not			
I understand that access to child care may be terminated for a	nny family who fails to pa	ny for childcare services.			
Parent Signature:	Date	e			
	Date				

JFK CHILDCARE SCHOOL AGE STUDENT INFORMATION FORM WITH EMERGENCY MEDICAL CONSENT

PARENTIS)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES RELATIONSHIP TO CHILD	ADDRESS EMAIL	CHILD'S NAME:			BIRTH DATE:	
ADDRESS HOME NUMBER CELL NUMBER RELATIONSHIP TO CHILD ADDRESS EMAIL HOME NUMBER CELL NUMBER CELL NUMBER REMERGENCY CONTACTS/PERMISSION TO PICK UP - INCLUDE YOURSELF 1. NAME HOME PHONE CELL PHONE CELL PHONE MORK PHONE CELL PHONE MORK PHONE CELL PHONE MORK PHONE NAME HOME PHONE CELL PHONE CELL PHONE CELL PHONE MORK PHONE MORK PHONE CELL PHONE MORK PHONE MORK PHONE CUStody or restraining orders for a person(s) who may attempt to pick up or have contact with the child while in care at the center. A copy of the court order(s) must be provided to JFK Child Care Services. Name PHYSICIAN NAME PHONE NUMBER ADDRESS ADDRESS DALY MEDICATIONS NAME 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 sannet be reached. In the event reasonable attempts to contact have been unsuccessful, I hereby give corsent for the authoritisation of any treatment deeme denesses by the doctor or denits listed below, or if unavailable, another licensed physician or denits. lagree to pay all costs and fees as secured or authorized under this consent.	EMAIL HOME NUMBER CELL NUMBER RELATIONSHIP TO CHILD ADDRESS EMAIL HOME NUMBER CELL NUMBER CELL NUMBER WORK NUMBER WORK NUMBER MORK PHONE LOADE PHONE CELL PHONE MORK PHONE CELL PHONE MORK PHONE LOADE PHONE LOA	PARENT(S)/GUARDIAN(S) WITH	I WHOM THE CHILD RESIDES			
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This consent will be in effect for one year, beginning on the date signed, and updated annually thereafter.		I agree to pay all costs and fees as secu	red or authorized under this consent.	•		
	SIGNATURE OF PARENT OR GUARDIAN	This consent will be in effect for one year	ir, beginning on the date signed, and	updated annually there	eafter.	
	SIGNATURE OF PARENT OR GUARDIAN					

JFK CHILD CARE SERVICES SCHOOL-AGE ASSESSMENT & HEALTH FORM TO BE COMPLETED BY PARENT/GUARDIAN

HEALTH STATEMENT

Child's Full Name	Birth Date
1. Significant illnesses and surgeries child h	
2. Any special health-related needs of child]?
Allergies:	
Injuries:	
3. Will your child need access to medication	ns (prescription or over-the-counter) while in childcare?
PHYSICAL ASSESSMENT	
	ing or speech of which the child care program should be aware?
Hearing:	
2. Is this child subject to any conditions whi	ich limit tabletop activities or outdoor play?
3. Is this child subject to any condition which	ch may result in an emergency situation?
5. Other information you would like to share	re:
	E CHILDREN OPERATING IN THE SAME SCHOOL FACILITY THE CHILD ATTENDS SCHOOL:
My signature below certifies that immuni	ization information concerning my child has been provided and wailable in the school file.
Parent's Signature	Date