



CHILD DEVELOPMENT INFORMATION FORM

1. Child (ren)'s Information

School

Grade

Birth date

CIRCLE ONE

Name		
Name		
Name		
Address		
Telephone		

M or F
M or F
M or F

Requested Start Date:	
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2. Child Care Schedule (select only schedule that applies)

- AM session only
 AM and PM sessions
 FLEX Tickets
 PM session only
 Emergency Drop-in Care

3. Parent Information (Please check which telephone number we may contact you for questions about your application.)

PARENT ONE	
Address	
<input type="checkbox"/> same as above	
Home Telephone <input type="checkbox"/>	
Social Security #	
Drivers Lic. #	
Employer	
Work Telephone <input type="checkbox"/>	
Cell # <input type="checkbox"/>	
Email address	

PARENT TWO	
Address	
<input type="checkbox"/> same as above	
Home Telephone <input type="checkbox"/>	
Social Security #	
Drivers Lic. #	
Employer	
Work Telephone <input type="checkbox"/>	
Cell # <input type="checkbox"/>	
Email address	

4. Emergency Local Contacts (MUST have two local contacts)

Other than Parent	First Contact	Second Contact
Name		
Local telephone #		

5. Additional Authorized Persons for Pick-up:

#1-----Name and Phone	#2-----Name and Phone	#3-----Name and Phone	#4-----Name and Phone

6. Medical Information

Child(ren)'s doctor	
Name of Insurance Co.	
Name of policy holder	

Doctor's phone #:	
Insurance ID #	
Relationship	

7. Please check here if you have a court order that would prevent anyone from removing your child(ren) from the program. (Just Kids must have a copy of this legal action in the program in order to enforce it.)
8. Please check here if you grant permission for photographs, write-ups of activities and your child's artwork to be used in our parent newsletter and/or Archway's website.

Medical Information

9. If your child is involved with your school's child study team, describe concerns or special needs being addressed:

Check all that apply to your child:

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> ADD | <input type="checkbox"/> Heart defect/ disease |
| <input type="checkbox"/> Allergy to: _____ | | |
| <input type="checkbox"/> Receiving routine emergency medication/ type: (Please request Just Kids Medication Policy and permission forms if meds are needed to be dispensed daily.):
_____ | | |
| <input type="checkbox"/> Developmental concerns/ describe: _____ | | |
| <input type="checkbox"/> Learning disorders/ describe: _____ | | |
| <input type="checkbox"/> Other medical conditions or special needs/ describe: _____ | | |
| <input type="checkbox"/> Chronic or recurring illness/ describe: _____ | | |

EMERGENCY MEDICAL AUTHORIZATION

I understand that if emergency medical care is deemed necessary by a physician and I cannot be contacted, I authorize my Archway child care provider to act on my behalf in granting permission for my child(ren) _____ to receive treatment as specified in Archway's emergency procedures, which are as follows:

Any child experiencing illness will be attended to by the childcare provider and parent contacted. In the event of a serious injury, an ambulance will be called first. This is to be followed by a call to the child's parents or emergency contact and to the Director of the JUST KIDS program. The Childcare provider will then accompany the child until the arrival of a parent or emergency contact.

Date

Parent/Guardian Signature

CERTIFICATION STATEMENT

I, hereby; certify that to the best of my knowledge and belief the information on the above form and other attached paperwork is complete and true.

I acknowledge that once my child(ren) is enrolled in the Just Kids program, I will abide by all the policies and procedures outlined in the Parent Handbook.

Date

Parent/Guardian Signature