



2011-2012

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
Enrolled in Just Kids in 2010-2011?	YES	NO
Requested Start Date:		

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 your child's photographs and your child's artwork along with description to be used in our parent newsletter, Archway's website and other promotional materials/publications.

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