

Child Information

Name _____ Birthdate _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone _____

Parent/Guardian #1 Information

Name _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell provider _____ Work # _____

Place of Employment _____

Email Address _____

Parent/Guardian #2 Information

Name _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell provider _____ Work # _____

Place of Employment _____

Email Address _____

EMERGENCY CONTACTS (must be Illinois resident)

Name/relationship _____ Phone _____

Address _____ City _____ State _____

Name/relationship _____ Phone _____

Address _____ City _____ State _____

Name/relationship _____ Phone _____

Address _____ City _____ State _____

EMERGENCY MEDICAL CONTACTS

DOCTOR _____ **PHONE** _____

INSURANCE CO _____ **POLICY #** _____

ALLERGIES _____

****PLEASE ATTACH THE ALLERGY PLAN OF ACTION**

EMERGENCY MEDICAL AUTHORIZATION

I authorize Jubilee Kids, Inc to secure EMERGENCY medical care for my child when I cannot be immediately reached at the time of an emergency. I will be responsible for the emergency medical charges upon receipt of the statement. I authorize all medical and surgical treatment, X-ray, lab, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the event of an emergency.

Photo Authorization

We request permission to use photographs and videos of your child on our website, social media page, and other promotional materials. No child’s name will ever be published alongside the images. Please indicate if you authorize our use of images of your child. Yes No

Sunscreen and Insect Repellent Authorization

Please indicate if you authorize application of non-prescription over the counter sunscreen or insect repellent to your child. Yes No

Field Trip Authorization

Check yes below to authorize Jubilee Kids to take your child on walking trips, special excursions, and to nearby public park facilities. Preschool and Prek will occasionally ride as a passenger to public parks using the Jubilee Bus. Health and safety precautions are taken in compliance with DCFS standards for licensure. Yes No

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Registration Fee: I understand that an annual, non-refundable, registration fee of \$100 shall be paid to enroll my child. I understand that openings are first come, first serve.

Tuition: \$_____per week is the current tuition rate for the program that my child is enrolled in. I understand that rates are subject to change with reasonable notice, as conditions require. Rates are raised yearly in September.

Payments of Tuition: I understand that tuition is due and payable every Monday via Tuition Express. Jubilee does not issue cash refunds and there are no credits for absences. _____

Late or Unpaid Tuition: If payment in full is not received through Tuition Express by Monday, a late payment of \$25 will be applied. I understand that if my payment is more than one week delinquent, I may be asked to remove my child until my account is made current. _____

Discounts: I understand that if I have more than one child enrolled and attending from my immediate family, a 15% discount from the usual tuition is offered to me and is applied to the child with the lowest tuition rate. This applies to full time children only. Sibling discounts cannot be combined with any other discount or promotion. _____

Illness: I understand that I will be notified should my child become ill during the day and that I will pick my child up promptly. If unable, I will make arrangements for an authorized emergency contact to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be readmitted according to the criteria noted in the handbook or the Dept of public health. _____

Withdrawal from the program: I understand that I must provide a two (2) week written or emailed notice of withdrawal from the program. If notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that my security deposit will be applied to my child's final week of attendance. (only if a complete 2 week notice is given) I understand that should I choose to re-enroll my child, I will be required to pay another registration fee as well as another security deposit. I understand that all fees (tuition, deposit, and registration) are non refundable. _____

Walking trips: I understand my child may leave the center for outdoor exercise and educational purposes, including walks and to the playground, with the understanding that my child will be accompanied by center staff and under proper staff supervision at all times. _____

Holidays: I understand that the school is closed on the following days: New Year's Day, Memorial Day, 4th of July (observed), Labor Day, Thanksgiving day and after,

Christmas day (and Eve), Spring Break Week, as well as other pre-informed days for in-service training. All days are posted on the Jubilee Kids website. I agree that I will not receive a refund and tuition is due for all days closed. _____

Absences and Vacations: I agree to inform the school immediately if my child will be absent on any day. I understand that no credits, refunds, or make up days shall be made for absences. I understand that my tuition is a contracted saved spot in the classroom unless a written notice of withdrawal has been provided. _____

Emergency Closing and Inclement Weather: I understand that it is Jubilee's intention to be open and provide childcare service every weekday of the year, excluding scheduled days off. Sometimes inclement weather, natural/national disasters, or a major building issue may disrupt service from time to time. Jubilee promises to keep me well informed of any last minute need to close the school. I agree that in the event that the school is closed for an extended period of time due to a natural disaster (more than 2 weeks), my tuition will be reduced by 50% to hold my child's place. I reserve my right to withdraw my child from the program at that time (and forfeit ½ of the deposit). In the event of a pandemic, I understand that Jubilee Kids reserves the right to make decisions regarding tuition based upon the needs of the school. _____

All Policies and State Regulations: I understand that the above policies are not an all-inclusive list of policies, and that my child, family members, and I are bound by state childcare regulations, the family handbook, and all other company policies, which may be modified at any time. I also understand that the childcare regulations of the state may prevail over these when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations. _____

Family Handbook: I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by the same. _____

No Modifications: No terms of this agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications, or deletions of any terms of this agreement are null and void. _____

We do not discriminate based on disability in the admission/enrollment or access to our programs and services. Information concerning the provisions of the Americans with Disabilities Act, including the rights provided hereunder, is available from the Director.

Emergency Contact and Release Persons: If you want a person who is not identified on the emergency contact form to pick up your child, you must notify the school in advance in writing or email. Your child will not be released without prior authorization. For the safety of your child, we will request all authorized release

persons with whom the staff is not familiar to provide government issued photo ID at the time of pickup. _____

Pest Control Policy: We have a pest control policy that is an integrated Pest Management System. It will consist of coordination between the Director and Pest control technician, using a variety of no chemical methods as well as pesticides when needed to reduce pest infestations to acceptable levels and to minimize children’s exposure to pesticides themselves. A Pest Control Technician will file a monthly report to the Director. Children will not be present at the time of application and will not occupy the premises within two hours of application or as specified on the pesticide label. _____

Late and Pickup Policy: Children must be picked up at the agreed upon time. If you are 15 minutes past your designated time, please call the school and let us know. If you pick up past closing time (6:30pm), a late fee will be charged. The late fee is \$5 for the first minute late and \$1/minute after. Late fees are applied per child. It is a Jubilee Kids Policy that infants may not remain at school for longer than 10 hours per day. _____

Family Vacation Policy: All full-time families receive 1 free week of vacation per year. This free week goes into effect after 6 months of enrollment. Unused vacation weeks do not roll over to the next year. Vacation weeks have no cash value. In order to be eligible for a vacation week, the enrolled child(ren) must attend Jubilee year round. _____

These policies have been reviewed with my by school management. I understand and will comply with the policies included in the *Jubilee Kids Parent Handbook*.

Parent Signature

Parent Signature

Date

