



2012-2013

Registration Checklist
Before & After School Program
Grand Island CSD

Thank you for selecting *Just for Kids*...

We have provided the checklist below for your assistance. We recommend submitting your registration packet as soon as possible as many of our sites reach capacity in early summer.

- Child Profile
- Recent photograph of child (recommended)
- Just for Kids* Release form and Emergency Contact form
- Payment form
- Registration fee (\$50.00 per family)
- Approval of your application for child care benefits (if applicable see Parent Guide)

Mark your Calendar:

***First day of School is
August 29th, 2012***

- Paid in full option is due 8/3/12
- Last call for changes is 7/27/12
- September tuition is due 8/15/12

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- Individual Health Care Plan (if applicable)*
 - Written Medical Consent Form and corresponding medication (if applicable)* See Parent Guide

*Required for registration if a severe food allergy/asthma requiring an albuterol inhaler. All medication must be brought to the *Just for Kids* main office for processing, should your child have any special healthcare needs. Separate forms must be completed. These may be obtained via info@justforkidsonline.org.

E-mail, mail, or bring completed materials to:

Email: info@justforkidsonline.org (preferable)

Just for Kids Before & After School Programs
6265 Sheridan Drive, Suite 106
Williamsville, NY 14221

Located in the South Sheridan Meadows Corporate Park in:
The Synergy Group Office
Questions? Phone (716) 639-8500

(Materials will not be accepted at sites)

Once processed, a confirmation E-mail will be sent noting the approved start date. An informational email will be sent in mid-August with your child's specific site information. Requested enrollment start dates cannot be guaranteed after August 1st.

Just for Kids Child Profile

Child's Name	Date of Birth	Entering Grade	Male/Female
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address	City	State	Zip
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Parent/Guardian Name		E-mail	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Phone # during program hours	Phone (W)	Phone (C)	Phone (H)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Parent/Guardian Name		E-mail	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Phone # during program hours	Phone (W)	Phone (C)	Phone (H)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address (if different from child)	City	State	Zip
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Family Information:	<input type="checkbox"/> Married/Domestic Partners	<input type="checkbox"/> Separated	<input type="checkbox"/> Single
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Joint Custody	
JFK School Location Requested	Home School Location	Requested enrollment Start date	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Program Hours: (AM: 7:00-8:45) (PM: Dismissal through 6:00)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>
PM	<input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>
Both	<input type="checkbox"/>	Both <input type="checkbox"/>	Both <input type="checkbox"/>	Both <input type="checkbox"/>	Both <input type="checkbox"/>

Agreements (Required)

- I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Child and Family Services regulations under which it operates. Yes **(Required)**
- I grant Just for Kids permission to take photographs/video footage during activities, for use in scrap books or for marketing opportunities. Yes No
- I grant the provider permission to release my child for school activities, or as requested by school personnel. Yes No
- I have provided information regarding my child's health or medical special needs, to assist the facility in case of an emergency. Yes No NA
- I give permission for staff to aid my child in the application of: Sunscreen (which I have provided and labeled) Non prescription topical ointments
- I agree to update this information whenever a change occurs and at least once every six months Yes No
- I have read and understand the Playground Consent on Page 5 of the Parent Guide and give my child permission to play on the playground. Yes No
- I have read and agree to follow the Registration Understandings outlined on Page 8 of the Parent Guide. Yes **(Required)**
- I have reviewed and agree to follow the policies and procedures outlined in the Parent Guide Yes **(Required)**

Notes: _____

Parent/Guardian Signature _____ Date _____

Just For Kids Release Form

Child's Name

Grade

Parent/Guardian Phone # during JFK Hours

My Child may be released/picked-up from Just for Kids to:

Name	Relationship to Child	Address
	Parent/Guardian	

(Parent/Guardian Name(s) must be included)

***Photo ID is required before child will be released to anyone.**

Just For Kids Emergency Contact Form

In an emergency we will notify parent/guardian first, then the following:

Name	Primary Phone #	Cell #	Work #
Child's Source of Medical Care/Primary Physician:		Telephone Number:	
Child's Source of Dental Care/Dentist's Name:		Telephone Number:	
Name of Medical Care Facility/Hospital:		Telephone Number:	

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (named above) necessary for the proper health and well-being of my child. YES NO

Medical Information:

Children who have special health care needs are those who require health and related services of a type beyond that required by children generally. This may include asthma, allergies, autism and behavioral disorders. If your child requires emergency medications, completed forms and medication must be completed and brought to the *Just for Kids* Main Office by August 1, 2012.

***Special Needs: Severe food allergies requiring Benadryl, EpiPen; asthma requiring Albuterol Inhaler; or mental health /disability special needs:**

Just for Kids Payment Form

Child's Name (Required)

JFK Site (Required)

Party Responsible for Tuition Payments

Relationship to Child

Email Address(es) of parties to receive financial statements:

My child has a sibling(s) in the JFK program (*15 % Sibling Discount/10% Sibling Discount for each additional child*)

Name(s) _____ School _____

Registration Fee (\$50.00 per family, non-refundable). Please check one:

Charge my credit card (information disclosed below) Check # _____ for \$50.00 (payable to: **Child Care Network**)

Pay in Full Option: (5% discount applies; payment must be received by 8/3/12)

Please charge by credit card for the full school year tuition less 5% discount. Check enclosed.

Monthly Payment Method:

First month's tuition will be charged prior to child's first day. Thereafter, monthly tuition plus fees (i.e., added days, late payment and late pick up) will be charged on the 15th or closest business day of each month, for the upcoming month, through May 2013.

Check # _____ Money order Credit/Debit Card Child care subsidy (DSS)

Credit Card Information: Visa MasterCard Discover AMEX

Name as it appears on Credit Card

Expiration date

3 or 4 digit security code

Credit Card #

House Number (i.e. 123)

Zip Code

Cardholder Signature _____ Date _____

Payment Correspondence Method: (*sent via email to party responsible for tuition*) Monthly Invoice Monthly Receipt

Grand Island Monthly Rates			
	Before School	After School	Combo
One Child			
Five Days	<input type="checkbox"/> \$164.00	<input type="checkbox"/> \$205.00	<input type="checkbox"/> \$342.00
Four Days	<input type="checkbox"/> \$138.00	<input type="checkbox"/> \$187.00	<input type="checkbox"/> \$300.00
Three Days	<input type="checkbox"/> \$108.00	<input type="checkbox"/> \$162.00	<input type="checkbox"/> \$247.00
Two days	<input type="checkbox"/> \$67.00	<input type="checkbox"/> \$126.00	<input type="checkbox"/> \$205.00
Two Children			
Five Days	<input type="checkbox"/> \$303.00	<input type="checkbox"/> \$378.00	<input type="checkbox"/> \$633.00
Four Days	<input type="checkbox"/> \$255.00	<input type="checkbox"/> \$346.00	<input type="checkbox"/> \$554.00
Three Days	<input type="checkbox"/> \$199.00	<input type="checkbox"/> \$299.00	<input type="checkbox"/> \$457.00
Two days	<input type="checkbox"/> \$123.00	<input type="checkbox"/> \$233.00	<input type="checkbox"/> \$378.00

(Please call the office for assistance calculating totals for additional children.)
PLEASE REFER TO THE PARENT GUIDE FOR COMPLETE FINANCIAL POLICIES.