



2022-2023

CHILD DEVELOPMENT INFORMATION FORM

1. Child(ren)'s Information School Grade* Birth date Gender (circle one)

Name					M or F
Name					M or F
Name					M or F
Address			Enrolled in Just Kids in 2021-2022?	YES	NO
				Requested Start Date:	
Telephone			* If half day Pre-K / Kindergarten, Just Kids can serve only am or only pm no wraparound care available.		

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. Do you receive Subsidized Childcare (Voucher)? Yes No

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

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

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

Other than Parent	First Contact	Second Contact
Name		
Local telephone #		

6. Additional Authorized Persons for Pick-up:

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

7. Medical Information

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

Doctor's phone #:	
Insurance ID #	
Relationship	

Legal Information

8. 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.)

Medical Information

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

10. Check all that apply to your child:

- Asthma
 - ADHD
 - Allergy to: _____
 - Receiving routine emergency medication/ type: **(Please request Just Kids Medication Policy and permission forms if meds are needed in the program. We do not have access to medication from school nurse):** _____
 - Developmental concerns/ describe: _____
 - Learning disorders/ describe: _____
 - Other medical conditions or special needs/ describe: _____
 - Any restrictions to activities/ 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

Media Release

I do I do not grant permission for myself and/or my child (children) or dependents to be photographed, videotaped and interviewed and featured as described below.

Throughout the year, Archway Programs/ Just Kids host a wide range of programs and activities for its consumers, students, and their families. Many of these activities are photographed and videotaped and often participants are interviewed to be included in Archway Programs'/ Just Kids newsletter, brochures and reports; on the Archway Programs' website and Facebook page; and in print, broadcast and web-based media.

In granting permission, I release Archway, its employees and agents from any and all claims and from all liability including, without limitation, claims for libel, invasion of privacy and/or misappropriation of likeness arising out of the interviewing, photographing or videotaping and subsequent publication or broadcasting of this material. I understand that I am not required to sign this authorization. My child's (children's) or dependent's or my opportunity to participate in activities is not affected by this authorization. I understand that I have the right to revoke this authorization at any time by informing Archway Programs in writing.

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