

Enrollment Application

Yachad Kids Academy

701 W Apatakisic Rd
Buffalo grove, Il 60089
847- 634-5600

Child's Name: First _____ Last: _____
Sex: _____ **Birth Date:** _____ **Age:** Years _____ Months _____

Parents:

Name of Mother: _____
Home Address: _____
Name of Employee: _____
Work Phone: _____ **Ext:** _____ **Work Hours:** _____
Home Phone: _____ **Cell Phone:** _____
E-mail Address: _____

Name of Father: _____
Home Address: _____
Name of Employee: _____
Work Phone: _____ **Ext:** _____ **Work Hours:** _____
Home Phone: _____ **Cell Phone:** _____

If parents are divorced which parents has custody of the child? _____

Marital Status: Married Separated Divorced Widowed Single

Schedule:

To enable us to prepare staff and plan accordingly, please place a check in front of the appropriate schedule and days.

Full Time _____	Monday _____
Part Time _____	Tuesday _____
Half Day _____	Wednesday _____
	Thursday _____
	Friday _____

An application Fee: _____ must accompany this application

Parents Signature: _____ **Date:** _____

FOR CENTER USE ONLY

Date Application Received _____
Date of Entrance _____
Date of Discharge _____

Help us get to know Your Child Better

Has your child ever been in childcare before? _____ what type (center, family daycare, grandma etc.) _____

Was it a positive experience? _____

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.? _____

What is your normal method of discipline? _____

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc. _____

Are there any food restrictions? _____

What is your child's favorite food? _____

What food does your child dislike? _____

Can your child be relied upon to indicate bathroom wishes? _____

What words does your child use for: Bowel movements _____ urination _____

What time does your child awaken? _____

What time does your child go to sleep at night? _____

Does your child sleep through the night? _____

Does your child sleep in a bed or crib, other? _____

Are there any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Has your child had experience playing with other children? _____

What language(s) are spoken at home? _____

Does your child have any security objects such as a blanket, soother, bottle, toy etc.? _____

What are your child's favorite activities, toys, books, or games? _____

Are there any other comments or information you would like to let me know about?

Any specific concerns? _____

EMERGENCY CARD INFORMATION

Child's Name _____ Date of Birth _____

Child's Home
Address _____

1. PARENT/GUARDIAN (Name and Address)

Phone Number #1: _____ Phone #2 _____

2. PARENT/GUARDIAN (Name and Address)

Phone Number #1: _____ Phone #2 _____

Special Instructions to reach parents:

EMERGENCY CONTACT PERSON(S) in addition to parents/guardians

1. Name:	Address:
Relationship to Child:	Phone #:
Do you give permission for child to be released to this person? Yes No	
2. Name:	Address:
Relationship to Child:	Phone #:
Do you give permission for child to be released to this person? Yes No	

MEDICAL EMERGENCY TREATMENT: I hereby give Yachad Kids Academy permission to administer first aid and/or CPR to my child, _____, and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent Signature/Date

Insurance Information (Optional)

Company Name _____ Policy # _____

Participating Hospital _____

Program Permission Form

1. I give permission for my child

_____ to receive appropriate medical attention from Yachad Kids Academy staff, such as First Aid, CPR, Heimlich maneuver, etc..., or, it is determined that my child needs immediate professional medical care, I authorize Yachad Kids Academy to transport him or her to the nearest emergency hospital. Parents will be contacted immediately. I understand that I will be responsible for all of his/her expenses in relation to emergency medical services.

2. I hereby give permission for Yachad Kids Academy staff to contact my Pediatrician for any information needed about my child. I authorize my Pediatrician to release such information to Yachad Kids Academy Inc.

3. I understand that I am legally responsible for my child which he or she is in route to and from Yachad Kids Academy.

4. I hereby permit my child to accompany and authorize Yachad Kids Academy staff members on excursions to places of interest (field trips) and release Yachad Kids Academy of all responsibilities other than reasonable care.

5. I hereby permit my child to participate in athletic activities and swimming during field trips.

6. I give my permission for my child's picture to be used for publicity purposes by Yachad Kids Academy. I understand that parents are allowed to videotape classroom activities.

7. I give my permission for my child/children to study Russian language in daycare program.

8. In case of Emergency your child will be taken to Condell Medical Hospital.

9. Our day care will inform parents 3 business day before any planned excursions. Written permission forms will be required before any child is taken on an excursion.

Parent/Guardian Signature

Date _____

Person's Authorized to pick child up

Yachad Kids Academy Kids is authorized to release my child _____ to the parents/guardians and:

1. First/Last Name:

Address: _____

Relationship to Child: _____

Home Phone: _____ Work Phone: _____

2. First/Last Name:

Address: _____

Relationship to Child: _____

Home Phone: _____ Work Phone: _____

3. First/Last Name: _____

Address: _____

Relationship to Child: _____

Home Phone: _____ Work Phone: _____

4. First/Last Name: _____

Address: _____

Relationship to Child: _____

Home Phone: _____ Work Phone: _____