



JUST KIDS ACADEMY
INTERNATIONAL SCHOOL



Student Application Form

Application must be completed and signed with all required documents attached.

Required Doc: Two Passport Photo © Copy of: *Immunization Card, *NIB, *Passport, * Birth-Certificate * Parents Passport

Child Name: _____ Age: _____

Date Of Birth (MDY): ____/____/____ Gender: O Boy O Girl

P. O. Box: _____ Nationality: _____

Email: (Mom) _____ (Dad) _____

Place of Birth: _____ Relation to child: _____

PARENTS INFORMATION

Mom Name: _____ Dad Name: _____

Address: _____

Mom No.: (H) _____ (C) _____ (W) _____

Dad No.: (H) _____ (C) _____ (W) _____

Mom Job: _____ Occupation: _____

Dad Job: _____ Occupation: _____

NAME OF PERSONS TO CONTACT IF PARENT CAN NOT BE REACHED IN CASE OF EMERGENCY

Name: _____ No.(H) _____ (C) _____ Relation _____

Address: _____

Name: _____ No.(H) _____ (C) _____ Relation _____

Address: _____

Name: _____ No.(H) _____ (C) _____ Relation _____

Address: _____

NAME OF PERSONS TO WHOM THE CHILD MAY BE RELEASED

1. _____

NAME RELATION

2. _____

NAME RELATION

3. _____

NAME RELATION

4. _____

NAME RELATION

If there's a custody agreement, please provide details and attach copy:

CHILD HISTORY

1. Does your child receive continuing medical care for any special condition? YES NO. If yes please explain:

2. Does your child see a doctor regularly for this condition? YES NO. If yes, doctors name:

3. Does your child take medication regularly? YES NO. If yes please list:

4. Has your child ever been hospitalized? YES NO. If yes, for what and when:

5. Does your child use any medical device? (eg: Wheelchair, Hearing Aid, Oxygen Tank) YES NO. If yes please list:

6. Does your child have any of these problems listed below?

Hearing Vision Dental Emotional Speech Physical Handicap Behavior Problems

Nutrition/Eating Development Other: _____

7. Has your child been in a preschool/Day-care before? YES NO. If yes, when and where:

8. Is your child potty trained? Yes No.

9. Does your child have temper tantrums or otherwise lose control? Yes No. If yes please explain:

10. Do you have any concerns about your child's behaviour? Yes NO

11. Do you give permission for your child's photo to be taken and use for displays at Just Kids Academy? Yes No

MEDICAL AUTHORIZATTION AND RELEASE

Child's Full Name: _____

The undersigned, which are the parents/guardians having custody of the above name minor, herby authorize Just Kids Academy, to admit child into the hospital upon ambulance or self-transportation in case of emergency in the event none of the emergency contact listed is unresponsive as well and parent/guardian.

Preferred Hospital: _____ Insurance #: _____ To Also consent to any x -ray examination, aesthetic, medical, diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician to consent to an any x-ray examination, aesthetic, medical, diagnosis or treatment and hospital care to be rendered to said minor by the doctor. This form is to be used ONLY in EMERGENCY, when said parents/guardians cannot be, or unavailable to be connected.

Parent/guardian signature



ENROLLMENT AGREEMENT

Just Kids Academy is a child care facility owned by Mrs. S. Bartlett and is licensed by the Ministry of education. We are providing child care service for the child whom name bares on the application form.

Hours of operation: Day-care: 6:30am- 5:50pm Preschool: 6:30am- 5:00pm
Kindergarten: 7:00am-4:00pm. After care is an additional \$2.00 fee per day from 4:30pm to 5:50 a \$40.00 charge will take place if child is pick up after 5:50pm. (Day-care is not included in aftercare). Any time after 6:00pm will result in a \$2.00 per minute late pickup fee charge for all students. If there's any child left at Just Kids Academy after 6:15pm, your child will be assisted at the nearest police station.

All fees are non-refundable but can be credited. All school fee payments are to be made at the bank of school's choice on the 15th of each month unless a requested date that does not exceed pass the end of the month is made. NO CASH will be collected at the facility. In the event of a return check a \$50.00 fee will be charged to the parent/guardian. A two weeks' notice is required by either party to terminate (*Removal of child*) this agreement.

Mandatory Events

All students that are enrolled with JKA, must attend the following events.

- Sports Day
- Christmas Production
- Debutante Tea Party & Float
- Junior Junkanoo
- All assigned field trips.

I the undersigned, herby agree that I will be fully responsible for all costs associated with the collection of this account. If for any reason this account is past due. Final costs include legal fee, and court costs, collection agency fees or any other reasonable expenses incurred to collect this account. You will be charged a fine of \$10.00 per week if late in paying school fee. If you continue to make school fee payments late, a termination letter will be given.

X _____

Parent/Guardian Date



_____ / _____ / _____

Date



Section A (Parent section)

Child's Full Name: _____

Parent /Guardian Name: _____ Nationality: _____

Childs Allergies: _____

Allergy Reaction: _____

Parents family history (Tick Below)

Asthma:___ Tuberculosis___ Diabetes ___Epilepsy___ Cancer ___ Diabetes___ Nose Bleeds ___ Hypertension ___

Sinusitis ___ Rheumatic Fever ___ Sickle Cell disease ___ Stomach Problems ___ Pneumonia ___ Fever Seizures ___

Seizures ___ Autism ___ ADHD ___ Social Anxiety ___ Depression ___

Other: _____

Section B (Physician Section)

Child's Physician: _____ No. _____ 1.

Blood Type: _____ Height: _____ Weight: _____ BP: _____

General Examination: _____

2. Please tick if the child suffers from any listed below.

Asthma:___ Tuberculosis___ Diabetes ___Epilepsy___ Cancer ___ Diabetes___ Nose Bleeds ___ Hypertension

___ Sinusitis ___ Rheumatic Fever ___ Sickle Cell disease ___ Stomach Problems ___ Pneumonia ___ Fever

Seizures ___ Seizures ___ Autism ___ ADHD ___ Other: _____

3. Please Tick if the child had the following within 6 months:

___ Chicken Pox ___ Whooping Cough ___ Covid19 ___ Mumps ___ Polio___ Measles

4. Is the child capable of participating in Physical activity? ___Yes ___ No. If No, please state why.

Immunization

DPT POLIO

- 1. _____ 1. _____
- 2. _____ 2. _____
- 3. _____ 3. _____

BOOSTER (1) _____ (2) _____ DT _____

MMR (1) _____ (2) _____ (3) _____

Other

5. Teeth:

Date of last examination _____

Condition:

6. Hearing:

Date of last examination: _____

Condition

7. Eyes

Date of last examination: _____

Condition:

Dr. _____ Hereby certified that the child was examined by me and is found to be physically and mentally fit to attend Just Kids Academy International School.

X _____
Physician Signature

Stamp Here