



# 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:*

\_\_\_\_\_

\_\_\_\_\_

## CHILDS HISTORY

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

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

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

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

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

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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:

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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:

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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

Child's Full Name: \_\_\_\_\_

The undersigned, which are the parents/guardians having custody of the minor mentioned earlier, hereby authorize Just Kids Academy, to admit the 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 To Also consent to any x-ray examination, anesthetic, 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 any x-ray examination, anesthetic, medical, diagnosis, or treatment and hospital care to be rendered to said minor by the doctor. This form will be used ONLY in EMERGENCY when said parents/guardians cannot be connected or are unavailable.

\_\_\_\_\_  
Parent/guardian signature



# ENROLLMENT AGREEMENT

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

Hours of operation: Day-care: 6:30 am- 5:50 pm Preschool: 6:30 am- 5:00 pm  
Kindergarten: 7:00am-4:00pm. Aftercare is an additional \$2.00 fee per day from 4:30 pm to 5:50 a \$40.00 charge will take place if the child is picked up after 5:50 pm. (Daycare is not included in aftercare). Any time after 6:00 pm 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 6:15 pm, 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 the 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-week notice is required by either party to terminate (Removal of the 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, hereby 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 fees, 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 the school fees. If you continue to make school fee payments late, a termination letter will be given.

X \_\_\_\_\_

Parent/Guardian Date



\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date