JEFFERSON PARISH PUBLIC SCHOOLS
SCHOOL BASED CHILD CARE
REGISTRATION AND HEALTH INFORMATION

DATE: _____	AMOUNT PAID: _____
SITE:	DATE PAID: _____
_____	Registration check #: _____

Child's Name: _____ Date of Birth: _____ Sex: _____ Age: _____ Grade: _____

Home Address: _____ City: _____ State: LA Zip: _____

Mother/ Guardian _____ Cell Phone: _____ Home Phone: _____ Work Phone: _____

Father/ Guardian _____ Cell Phone: _____ Home Phone: _____ Work Phone: _____

CHILD CARE MAY CALL THE FOLLOWING IF I CAN NOT BE REACHED:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Doctor _____ Phone _____

Hospital _____ Phone _____

PLEASE NOTE THAT YOUR CHILD WILL NOT BE RELEASED TO ANYONE OTHER THAN THOSE LISTED ABOVE.

EMERGENCY PARENTAL PERMISSION: In case of injury or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the doctor indicated above and to follow his/her instructions. If it is impossible to contact this doctor, the school may make whatever arrangements are necessary. _____ Please initial

HEALTH INFORMATION: Please circle yes or no if any of the following pertains to your child.

MY CHILD HAS/IS:

Allergies	yes *	no	* If yes please list: _____		
Blind/Partial Sight	yes	no	**REQUIRES MEDICATION:**	yes *	no
Confined to wheel chair	yes	no	Asthma	yes	no
Diabetes	yes	no	Cerebral Palsy	yes	no
Epilepsy	yes	no	Deaf /Hard of Hearing	yes	no
Muscular Dystrophy	yes	no	Severe speech problems	yes	no

* If student is required to take medication during Child Care the proper paper work must be completed and reviewed by the nurse before the student can start the Child Care program. See Director for paper work.

Special Education Classification: _____ Other medical problems: _____

CHILD CARE FEES: **NO CASH ACCEPTED/NO REFUNDS/NO CREDITS**

REGISTRATION: $20.00

CHILD CARE FEES: $20.00 A.M. — My Child will attend: (Circle one) AM Care

$27.00 P.M. — PM Care

$32.00 A.M. & P.M. — AM & PM Care

DROP IN FEES: $5.00 per child drop in A.M.
$7.00 per child drop in P.M.
$11.00 per child drop in A.M. & P.M.

All Current Jefferson Parish Public School System Employees will receive a 10% Discount for their children. Proof of employment must be given at registration.

HOLIDAY CARE: FULL DAY $25.00 1/2 DAY $15.00 (when available)

CHILD CARE REGULATIONS: **PLEASE READ THE FOLLOWING & THE CHILD CARE PARENT HANDBOOK**

1. Your child will be released only to persons listed on this registration form.
2. All tuition is due on **Monday** or the first school day of the week. A penalty fee of $5.00 per day/per family will be charged for all late payments including drop-in fees. **If payment is not received by Friday, the student(s) may not attend until payment is made.**
3. All checks and money orders must be made payable to the school.
4. Any **NSF checks must be cleared with the school account clerk with a fee of 25.00.** Name, address, child's name and phone number must be on all checks.
5. A late fee is collected for children picked up after 6 p.m. closing. ($1.00 for each additional minute) FEES ARE PER FAMILY. After 3 occurrences, your child may be dismissed from the Child Care Program.
6. No child care will be provided on early release days.
7. Discipline problems may result in dismissal from the Child Care Program.
8. A charge of $15.00 is required for additional copies.

I HAVE READ THE ABOVE LISTED CHILD CARE REGULATIONS, RECEIVED A COPY OF THE CHILD CARE PARENT HANDBOOK AND UNDERSTAND MY RESPONSIBILITY TO THE PROGRAM.

_____ _____