

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: _____ Work Phone: _____

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

CHILD CARE MAY CALL THE FOLLOWING IF I CAN NOT BE REACHED/THEY HAVE PERMISSION TO SIGN OUT STUDENT:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

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

EMERGENCY Doctor: _____ Phone: _____

MEDICAL INFO: Hospital: _____ Phone: _____

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	* 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.
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	

Special Education Classification: _____ Other medical problems: _____

CHILD CARE FEES:	NO CASH ACCEPTED/NO REFUNDS/NO CREDITS	My Child will attend: (Circle one)
REGISTRATION: \$ 20.00 Aug.-Jan. (No Emp. Discount) \$ 15.00 Feb. - Apr. \$ 10.00 May	CHILD CARE FEES: \$20.00 A.M. \$27.00 P.M. \$32.00 A.M. & P.M.	AM Care PM Care 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. Student must be registered in Child Care to attend.		

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.
9. Parent can pay weekly fees online at www.MySchoolBuck.com, a usage fee is charged for this convenience.

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. PARENT EMAIL ADDRESS: _____

Parents/Guardians Signature

Date

Revised 7/2018