# JEFFERSON PARISH PUBLIC SCHOOLS

## 2026-2027 SCHOOL-BASED CHILD CARE REGISTRATION AND HEALTH INFORMATION

| FOR OFFICE USE ONLY | | | |
|---|---|---|---|
| DATE: | _____ | AMOUNT PD: | _____ |
| SITE: | _____ | DATE PAID: | _____ |
| | | Payment Type: | _____ |

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 the event that school representatives are unable to contract the parent/guardian or physician listed herein, I hereby authorize school representatives to follow established district protocols as deemed appropriate under the circumstances. **Parent Signature:** _____

Complete the mandatory health checklist below by circling "Yes" or "No" for each item regarding 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**

| | | |
|---|---|---|
| **REGISTRATION:** $ 20.00 (No Emp. Discount) | **CHILD CARE FEES:** ~~$20.00 A.M.~~ $45.00 P.M. ~~$65.00 A.M. & P.M.~~ | My Child will attend: (Circle one) AM Care PM Care AM & PM Care |
| DROP IN FEES: [redacted] $9.00 per child drop-in P.M. [redacted] | Active Jefferson Parish Public School System employees receive a 10% discount for their children with official proof employment. | |

**Child Care Guidelines:** **Please read the following and the Child Care Parent Handbook**

1. Students will only be released to individuals listed on the Registration Form.
2. Weekly tuition is due on Friday. A $15.00 late fee will be added to any unpaid balances—including drop-in fees—on Monday morning.
3. All checks and money orders are to be made payable to the school.
4. Any NSF checks or rejected online payments incur a $25.00 fee and must be cleared with the school account clerk. Please ensure all checks include the parent's name, address, phone number, and student's name.
5. A charge of $1 per minute applies to families who pick up their children after 6:00 p.m. Three late occurrences may result in dismissal from the care program.
6. After School Child Care is **not** available on early release days. Parents must arrange alternative childcare on these days.
7. The program reserves the right to terminate enrollment due to misconduct. All payments are forfeited in the event of disciplinary dismissal.
8. There is a charge of $15.00 for additional copies of receipts / Payment records.
9. Child Care Fees can be paid weekly / monthly via School Cash Online.

**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.**

_____ _____

Parents/Guardians Signature Date

Revised 7/2026

**This form must be printed and physically signed and turned into the Child Care Director.**

# ACKNOWLEDGMENT

**Jefferson Parish Schools**
**2026- 2027 Child Care**
**Parent & Student Procedures and Policies**

**Acknowledgment of Policies and Procedures**

By signing below, I confirm that I have read and understood the child care procedures and policies. I agree to follow all rules and regulations outlined in the handbook.

- **Child's Full Name:** _____
- **Student Signature:** _____ Date: _____
- **Parent/Guardian Signature:** _____ Date: _____

**Media Release Preferences**

Please initial one option below to indicate your photography preferences:

_____ **Yes**, I allow my child to be photographed or filmed for the newspaper, television, and the JPS website.

_____ **No**, I do not allow my child to be photographed or filmed for the newspaper, television, and the JPS website.