



[For Office Use Only] Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Start Date: \_\_\_\_\_



**2018-2019 Application for Epstein Hillel School Participants**

Please write legibly and complete all fields. You must complete a separate application for EACH child.

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

Gender: M / F DOB: \_\_\_\_/\_\_\_\_/20\_\_ School \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

**Home Information**

Guardian #1 Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Guardian #1 Primary Phone #: \_\_\_\_\_

Guardian #1 Secondary Phone #: \_\_\_\_\_ Profession: \_\_\_\_\_

Name of Employer (if applicable): \_\_\_\_\_

Guardian #1 Home Address: \_\_\_\_\_

Guardian #2 Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Guardian #2 Primary Phone #: \_\_\_\_\_

Guardian #2 Secondary Phone #: \_\_\_\_\_ Profession: \_\_\_\_\_

Name of Employer (if applicable): \_\_\_\_\_

Guardian #2 Home Address: \_\_\_\_\_

Siblings and Ages: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

**Payment Information** (Select one)

\_\_\_\_\_ I am paying my registration fee of \$25.00 with the enclosed check (check # \_\_\_\_\_).

\_\_\_\_\_ Please charge the following debit/credit card \$25.00 for my registration fee.

Name on Card: \_\_\_\_\_

Type of Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CC Number: \_\_\_\_\_

\_\_\_\_\_ I am an employee of:

(circle one) the JCCNS, Epstein Hillel School, or a local synagogue (registration fee waived), or

(circle one) I am a local Public School Teacher or First Responder (fee discounted by 20%)

\_\_\_\_\_ I am only registering for Enrichment Classes (no registration fee – but complete file required)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### **Background Information**

Please select all that apply.

1. \_\_\_\_\_ This child has a sibling who plans to attend *J Adventure*.
  - a. Sibling's name, if applicable: \_\_\_\_\_
2. \_\_\_\_\_ This child has friends who plan to attend *J Adventure*.
  - a. Names, if applicable: \_\_\_\_\_

### **Health and Development**

This information allows *J Adventure* to best understand your child's needs and any supports needed in an after school program.

1. Does this child have any allergies? **Yes / No**
  - a. If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Does this child have any chronic health conditions? **Yes / No**
  - a. If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Does this child have an existing Individual Health Plan for chronic health conditions? **Yes / No**
  - a. If yes, please provide a copy of Individual Health Plan with your application.
  - b. Is there additional information you would like us know about this Individual Health Plan? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Does this child take any medication regularly? **Yes / No**
  - a. If yes, please explain reason and any possible side effects: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Does this child have an IEP or 504 plan? **Yes / No**
  - a. If yes, please provide a copy of IEP or 504 plan with your application.
  - b. Is there additional information you would like us know about this IEP or 504 plan?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**Health and Development *continued***

- 6. Has this child ever been asked to leave a child care or school program in the past? **Yes / No**
  - a. If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 7. Are there other health or developmental factors that you would like us to be aware of? **Yes / No**
  - a. If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Social Relationships**

The following information allows us to better understand your child and their interests and needs.

- 1. How would you describe this child? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2. What are this child's previous experiences with child care? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3. What would you like your child to gain from this childcare experience? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please be sure to submit the following forms with your application:**

- Registration Form (specific to Epstein Hillel School)
- Any supplemental materials (IEP, 504, Individual Health Plans, Custody Orders, etc.)