



**2018-2019 Application for NEW 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 application fee of \$50.00 with the enclosed check (check # \_\_\_\_\_).

\_\_\_\_\_ Please charge the following debit/credit card \$50.00 for my application 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%)

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



**2018-2019 Application *continued***

**Background Information**

Please select all that apply.

1.  This child attended the JCCNS Preschool in 2017-2018.
  - a. If so, which classroom? \_\_\_\_\_
2.  This child has an older sibling in *J Adventure* 2017-2018 and they plan to attend again.
  - a. Sibling's name, if applicable: \_\_\_\_\_
3.  I am a member of another JCC and am new to the area.
4.  I am/this child is already a member of the JCCNS (Member #: \_\_\_\_\_).
5.  We do not have a previous relationship with the JCCNS.

**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?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**2018-2019 Application *continued***

**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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Child Care**

I am interested in weekly Child Care on the following days (check all that apply) for the 2018-2019 academic year:

\_\_\_ Mondays \_\_\_ Tuesdays \_\_\_ Wednesdays \_\_\_ Thursdays \_\_\_ Fridays

**Transportation** (select one)

\_\_\_ I am interested in transportation from school to the JCCNS on the days above.

\_\_\_ I plan to arrange alternate transportation from school to the JCCNS on the days above.