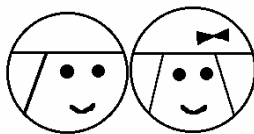


E.F. _____
Rate _____
www.jracademykids.com

Start Date: _____
Days: _____
Location: _____

JUNIOR ACADEMY CHILDREN'S CENTERS



Imagination Academy
265-8600

Last Name of Child First Middle Name Called

Sex: M ___ F ___ Date of Birth Address Zip Code Phone #

If different, Mother's ___ Father's ___ Address Zip Code Phone #

Mother's Name Where Employed Employer's Phone #

Employer's Address email: _____

Social Security Number If military _____ Company/Unit Commander's Name Phone #

Married ___ Divorced ___ Separated ___ Widowed ___ Other ___

Father's Name Where Employed Employer's Phone #

Employer's Address email: _____

Social Security Number If military _____ Company/Unit Commander's Name Phone #

If neither parent can be reached in case of emergency or special circumstances, contact:

Name: _____ Phone: _____
Address: _____

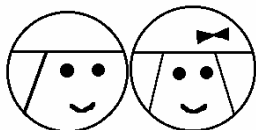
In case of an emergency, if I or my child's physician cannot be reached, I hereby give my consent to the Junior Academy Children's Center to call a physician or to take such action as it deems necessary for medical or surgical care and I agree that any expenses will be accepted by me.

Parent's Signature

Child's doctor: _____ Phone: _____
Doctor's Address: _____

Child's dentist: _____ Phone: _____
Dentist's Address: _____

Hospital preferred: _____ Health insurance provider: _____
Hospital Address: _____



Past history of serious illness, injury, lacerations, nosebleeds, allergies, penicillin/drug reactions, sunburns, special medication, asthma treatments, convulsions, prolonged bleeding, or diet routine:

Allergies, describe: _____

I give my permission for my child to be served peanuts, peanut butter and/or nuts. (Please initial) ___ Yes ___ No

Is your child on medication or under medical care at this time? Explain: _____

Please give any information that will be helpful to the staff in assisting your child to make an adjustment to group experiences: eating and play habits, sleeping patterns, likes/dislikes:

Do you have any special behavioral or emotional problems with your child? _____

What types of control over the child's behavior are most frequently used? _____

Do you grant permission to Junior Academy Children's Center to appropriately discipline your child as needed?
___ Yes ___ No

Child's previous childcare/school experience (school, grade level)? _____

List ages and sex of other children in the family: _____

Activities you do not want your child to participate in: _____

The persons listed below have permission to pick up (child's name) _____
from Junior Academy Children's Center.

PLEASE INCLUDE YOURSELF.

	Address:	Phone #:
1. (Mother) _____	_____	_____
2. (Father) _____	_____	_____

Other:	Address:	Phone:
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

NAMES OF PERSONS NOT PERMITTED TO PICK YOUR CHILD UP:

Name:	Address:	Phone #:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Any additional information: _____

