

# Julia Green Extended Care

## *Application for Enrollment: \$50 Registration Fee*

First Date of Attendance (mm/yyyy): \_\_\_\_\_ Name of Child: \_\_\_\_\_ Child's Age: \_\_\_\_\_  
Child's Rising Grade: \_\_\_\_\_ Child's Preferred Name: \_\_\_\_\_ Child's DOB (mm/dd/yyyy): \_\_\_\_\_

My child will be attending Julia Green Elementary School in person at 3500 Hobbs Road.

### **Mother's Information:**

Name: \_\_\_\_\_ e-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Days/Hours: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Employer Zip: \_\_\_\_\_

### **Father's Information:**

Name: \_\_\_\_\_ e-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Days/Hours: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Employer Zip: \_\_\_\_\_

### **Emergency Information: Person(s) other than parents authorized to act in emergency or to pick up your child.**

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

### **Physician's Information:**

Name: \_\_\_\_\_ Office: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Insurance Information:**

Insurance Company: \_\_\_\_\_ Member ID: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Group No: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_  
Other: \_\_\_\_\_

**Was our child born in the United States?**    **Yes**                      **No**

**If not, did your child have a negative TB test after the age of one?**    **Yes**                      **No**

**Does your child have any allergies (if yes, please list them) or other medical information that we need to know about?**

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# Julia Green Extended Care

### *Application for Enrollment - Continued*

**Special Permission Section:** Please select yes or no for each statement below.

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|---|---|--|
| Y | N | My child will be attending Julia Green Elementary School for in person learning while enrolled in extended care. |
| Y | N | My child has permission to take prearranged field trips (these will be communicated in advance).                 |
| Y | N | I authorize Julia Green Extended Care (JGEC) to provide my child with emergency care if needed.                  |
| Y | N | I have received or do not wish to receive DHS licensing requirements.  |
| Y | N | I have received or do not wish to receive JGEC Policy Papers.  |
| Y | N | My child's immunizations are current in the office of Julia Green Elementary School.                             |
| Y | N | I have pre-visited or do not wish to pre-visit JGEC Program.   |
| Y | N | I give JGEC permission to take pictures of my child.   |
| Y | N | I give permission for my child to participate in activities.   |

**Child's Health History:** The answers to these questions will help us to know if your child has any medical problems. We need this information in case he/she were to become ill and we could not reach you right away.

Pregnancy and Birth (please explain all yes answers)

- |   |   |   |
|---|---|---|
| Y | N | Were there any problems with pregnancy or your child's birth? |
| Y | N | Was his/her birth weight under 5 1/2 pounds?                  |
| Y | N | Did the baby have any problems in the hospital?               |

Medical Problems (please explain all yes answers)

- |   |   |   |
|---|---|---|
| Y | N | Has your child ever been in the hospital overnight?                     |
| Y | N | Is your child taking any medicine?                                      |
| Y | N | Any allergies or reactions to medicine, DTP or other shots, or insects? |
| Y | N | Has your child had asthma or wheezing?                                  |
| Y | N | Does your child have speech or hearing problems?                        |
| Y | N | Has your child had more than two ear infections in a year?              |
| Y | N | Has your child had tonsillitis?   |
| Y | N | Does your child have trouble with his/her eyes or seeing?               |
| Y | N | Has your child had a bladder or kidney infection?                       |
| Y | N | Does your child have burning when urinating?                            |
| Y | N | Does your child have seizures, fits or shaking spells?                  |
| Y | N | Have you ever been told your child has a heart murmur?                  |
| Y | N | Is there any reason your child cannot play as hard as other children?   |
| Y | N | Has your child ever had a bumpy, swollen reaction to the TB skin test?  |
| Y | N | Has your child ever been with anyone having TB?                         |
| Y | N | Has your child ever had worms?  |
| Y | N | Does your child scratch his/her genital area?                           |
| Y | N | Is his/her bottom or genitals red or sore?                              |
| Y | N | Is your child a hemophiliac (free bleeder)?                             |
| Y | N | Is your child on a heart monitor?                                       |
| Y | N | Does your child have tubes in his/her ears?                             |

Girls (skip if N/A)

- |   |   |   |
|---|---|---|
| Y | N | Has your daughter had her first period? (Indicate age of start if yes.) |
| Y | N | Does she have any problems with her period?                             |

### General Development

- |   |   |  |
|---|---|--|
| Y | N | Is your child in a special education class or on a 504 plan in school? |
| Y | N | Does your child get along with other children?                         |
| Y | N | Is your child usually happy?   |
| Y | N | Does your child have any special problems not indicated above?         |
| Y | N | Has your child seen their pediatrician within the last year?           |

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*Add any needed Explanations*

[illegible]