

Julia Green Extended Care

Application for Enrollment: \$50 Registration Fee

Please fill out typed on a computer if att all possible

First Date of Attendance (mm/yyyy): _____ Child's Rising Grade (current grade for current school year registrations): _____

Name of Child: _____ Child's Preferred Name: _____

My Child will be attending Julia Green Elementary School in person at 3500 Hobbs Road. Child's DOB: _____

My Child is an elementary school student enrolled in Metro Nashville Public Schools Child's Age: _____

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 your 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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Application for Enrollment - Continued

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

- | | | |
|---|---|--|
| 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 (these are available on-line, as well). |
| 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? |

Add any needed Explanations

[illegible]