Dear 2023-24 Families,

We are so excited to have you as part of our JCC Chicago family during the 2023-24 school year! We look forward to a wonderful year of working with you and your children.

We are pleased to offer you easy access to all enrollment forms online. Each year we ask that each family complete all the forms to enable our staff to best meet the needs of each individual child while also satisfying the requirements of the Illinois Department of Children and Family Services. Please visit our website at <a href="mailto:jccchicagoearlychildhood.org/intake-forms">jccchicagoearlychildhood.org/intake-forms</a> to conveniently find all of the REQUIRED enrollment forms. You have two options to complete the forms:

- Complete them electronically using Acrobat Reader and print them out or email to the director of your JCC Chicago Early Childhood location.
- 2. Print them out and complete them by hand.

It is critical that you complete all of the forms listed below prior to the beginning of our school year. All of the forms help us provide your child with the best possible individual educational experience.

### The following forms are included:

- 1. Family Profile Form (two parts)
- 2. DCFS Medical Form (requires physician signature)
- 3. Program Permission Form
- 4. Authorization for Pick-Up Form
- 5. Receipt and Agreement to Policies Form
- 6. Insurance Form
- 7. Preferred E-mail Form
- 8. Minor Participant Waiver
- 9. Friendship Request Form (optional)
- 10. Waiver for the Distribution of Medicine Form (optional)
- 11. Waiver for the Distribution of Sunscreen and Insect Repellent Form (optional)
- 12. Emergency Card (2) included electronically

You will also find these guidelines and documents online for your perusal at jccchicagoearlychildhood.org/intake-forms:

- 1. Early Childhood Parent Guide
- 2. Early Childhood Code of Honor
- Illinois Department of Children and Family Services Summary of Licensing for Day Care Centers
- 4. Late Pick Up Policy

The Illinois Department of Children and Family Services has mandated that early childhood centers obtain a certified copy of each enrolled child's birth certificate or equivalent documentation. This regulation has been put in place to satisfy the Missing Children Records Act and is a required piece of documentation that must be supplied to your site.

Our guidelines require that we have an accurate medical history and an up-to-date record of immunizations on file, including a TB and Lead Screening test. For children first entering our program, a TB test and medical examination must be done no sooner than six months before starting. The medical examination must be updated yearly by your child's physician.

If you are unable to access the forms electronically, please contact your early childhood Director immediately. **All completed forms must be received by August 3, 2023.** Forms may be returned to:

- JCC Chicago Early Childhood location, c/o Director, Address, City, IL Zip Code
- You may also choose to scan or email your completed forms.

If you should have any questions about this process, please contact the director at your location. We understand that choosing your child's school experience is an important decision. Therefore, we thank you for choosing JCC Chicago Early Childhood. We look forward to creating wonderful new memories with your family. Together, we will celebrate your child's milestones.

FLORENCE G. HELLER JCC 524 W. Melrose Street Chicago, IL 60657 773.938.8346 Jenni Kim, Director jkim@jccchicago.org

BERNARD HORWICH JCC 3003 W. Touhy Avenue Chicago, IL 60645 773.516.5881 Miriam Aberman, Director maberman@jccchicago.org

JCC CHICAGO EARLY CHILDHOOD AT BETH EMET 1224 Dempster Street Evanston, IL 60202 847.763.3571 Kaitlin McGahey kmcgahey@jccchicago.org

JCC CHICAGO EARLY CHILDHOOD AT AM SHALOM 840 Vernon Avenue Glencoe, IL 60022 847.835.0008 Jody Benishay, Director jbenishay@jccchicago.org

BERNARD WEINGER JCC 300 Revere Drive Northbrook ,IL 60062 224.406.9229 Jen Rosenfeld, Director jrosenfeld@jccchicago.org

JCC CHICAGO EARLY CHILDHOOD AT 'Z' FRANK APACHI 3050 Woodridge Lane Northbrook, IL 60062 847.272.8707 Leanne Nathan, Director Inathan@jccchicago.orgs

JACOB DUMAN EARLY
CHILDHOOD CENTER AT LAKE
COUNTY JCC
23280 N. Old McHenry Rd.
Lake Zurich, IL 60047
847.901.0620
Lisa Spewak, Director
Ispewak@jccchicago.org

# **Enrollment Forms Completion**

We're very happy to offer our enrollment forms electronically. You have two options:

- 1. Complete the forms electronically using Adobe® Acrobat Reader and print them out. If you do not have Acrobat Reader, please download it free from the Adobe website. Usage of other PDF readers may result in incomplete forms.
- 2. Print the forms out and complete them by hand.

### Completing the enrollment forms is mandatory.

The advantage to completing them electronically is that if you have more than one child, you will be able to complete all of the forms once. Then you can save the file with a new name and replace only the information specific to each child.

### If you choose to complete them electronically, please follow these steps.

- 1. Open and save the PDF file on your computer. Put it in a place where you'll find it perhaps on your Desktop or in your Documents folder. Once the file has been saved, close it.
- 2. Now go to that file on your computer and open it by double-clicking on it. **DO NOT** open the file from the web site and edit it before you have saved it in a specific location (that you can find again) on your hard drive.
- 3. It is imperative that you save the PDF first. To complete the forms, open the PDF from your hard drive, not your email, and begin.

### Some tips to help you complete these forms.

- Check (or click) **Highlight Fields** (at the top of the document on the right in Acrobat). It isn't required for you to fill out the forms, but it will help you see where to place your cursor.
- Where you are given more than one line to enter text, you will need to hit the TAB button to go to the next line, or manually click in the next field.
- Please note that the State Forms (Medical and Lead Testing) cannot be completed electronically but are included in your PDF for when you print out the packet.

**NOTE** State Guidelines require a signature. An electronic signature is valid and if you complete your forms electronically, you must fill out the signature fields. If you print your forms, you must sign them and mail/bring them to your center.



For Office Use Only
Date Entered Program
Site
Date Exited Program

Please complete this form in its entirety.	Date Completed
CHILD	
Child's Name	Hebrew Name, if any
Nickname	Date of Birth
	Comments
Child's Class	Days of Week Hours
Address	City State Zip
Home Phone	Email
School to attend upon Kindergarten entrance	
Who has legal custody of child?	
Any restrictions: (r lease provide legal documentation)	
○ Parent ○ Guardian	○ Parent ○ Guardian
O Parent O Guardian  Name	
	Name
Name	Name Age Education
Name Age Education Are there any health issues that you feel are important for us to know?	Name Age Education Are there any health issues that you feel are important for us to know?
Name Age Education Are there any health issues that you feel are important for us	Name  Age Education  Are there any health issues that you feel are important for us to know?
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Name Education Are there any health issues that you feel are important for us to know? Occupation	Name Age Education Are there any health issues that you feel are important for us to know? Occupation Business Name
Name Education Are there any health issues that you feel are important for us to know? Occupation Business Name	Name Age Education Are there any health issues that you feel are important for us to know? Occupation Business Name Business Phone
Name	Name Age Education Are there any health issues that you feel are important for us to know? Occupation Business Name Business Phone Business Address Work Days/Hours O MO TO W
Name Education Are there any health issues that you feel are important for us to know? Occupation Business Name Business Phone Business Address Work Days/Hours O MO T O W O Th O F O Sa O Su O	Name Age Education Are there any health issues that you feel are important for us to know? Occupation Business Name Business Phone Business Address Work Days/Hours O MO T O W O ThO F O SaO Su
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YOUR FAMIL							
· OOK I AWIIL	.Y						
Marital Status of	Parents O	Married/Date	O Widowe	d/Date		O Single	
	0	Separated/Date_	O Divorced	d/Date		O Other	
Other Children i	n Family						
<u>Name</u>	D.O.B.	Gender	Resides With Hea	alth	School		Grade
Child's Physician	1		Phone				
Child's Dentist _			Phone				
Hospital Affiliation	on						
Other adults livi	ng in home		Relationship	)			
Kind of family pe	ets		Name of pet	ts			
What languages	are spoken in yo	our nome:					
			No Who?				
Is there a caregi	ver other than pa	rents? O Yes O					
Is there a caregi	ver other than pa	rents? O Yes O	No Who?				
Is there a caregi Does this persor	ver other than pa	ome? O Yes O	No Who?	giver worked	for family	/?	
Is there a caregion Does this person What activities d	ver other than pan live in child's ho	rents? • Yes • Yes • Norme? • Yes • Normalike to do with child	No Who? No How long has careg	giver worked	for family	?	
Is there a careging Does this person What activities of Has your child expenses the careginal of the caregin	ver other than pand in live in child's ho does this person liver been left with	irents? • Yes • Yes • Norme? • Yes • Norme? • Yes • Norme Idea (Norme)   Yes • Yes	No Who? No How long has careg	giver worked	for family	/?	
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Is there a careging Does this person What activities of Has your child exchange the Child's reaction that your child exchange the control of	ver other than pan live in child's hold does this person liver been left with to a sitter?	orents? • Yes • Yes • Norme? • Yes • Norme? • Yes • Norme? • Yes •	No Who? No How long has careg d? O No How often?	giver worked	for family	?	
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Is there a caregine Does this person What activities of Has your child example. Has your child example of Household Management of Parental Job Control of Has your child example.	ver other than pan live in child's hold loes this person left with to a sitter?xperienced any coves	orents? • Yes • Yes • Yes • Yes • Norme? • Yes • Norme? • Yes • Ye	No Who? No How long has careg d? O No How often? clease check and list datO Change in	giver worked es. caregiver _	for family	?	
Is there a caregine Does this person What activities of Has your child exchild's reaction. Has your child exchild's reaction of Household Management of Parental Job (1) Parent Work H	ver other than pan live in child's hold live in child's hold live in child's hold live in child live in child's hold live in child live in chi	orents? • Yes • Norme? • Yes • Norme? • Yes • Norme? • Yes • Norme? • Yes • Ye	No Who? No How long has careg d? O No How often? clease check and list datO Change inO Death in F	giver worked es. caregiver family t	for family	?	
Is there a caregine Does this person What activities of Has your child example. Has your child example of Household Management of Parental Job Control of Parent Work Has New Baby	ver other than pan live in child's hold loes this person left with to a sitter?  xperienced any coves Changes	orents? • Yes • Nome? • Yes • Nome? • Yes • Nome? • Yes • Nome? • Yes •	No Who? No How long has careg d? O No How often? clease check and list datO Change inO Death in F	es. caregiver family t	for family	?	
Us there a careginal Does this person What activities of Has your child example. Has your child example of Household Management of Parental Job (1) Parent Work Has your Serious Illness	ver other than pan live in child's hold live in child's hold loes this person liver been left with to a sitter?	orents? • Yes • Nome? • Yes • Nome? • Yes • Nome? • Yes • Nome? • Yes •	No Who? No How long has careg  d? O No How often?  clease check and list dat    O Change in    O Death in F    O Other Loss	giver worked  es. caregiver _ family  t s ation	for family	?	
Is there a caregine Does this person What activities of Has your child example. Has your child example of Household March Parental Job (1) Parent Work Has your Serious Illness (2) Operation	ver other than pan live in child's hold loes this person left with to a sitter?  xperienced any coves Changes Hours	ome? • Yes • Nome? • Yes • Nome? • Yes • Nome? • Yes • Nome? • Yes	No Who?	es. caregiver family t ation	for family	?	
Is there a caregine Does this person What activities of Has your child example. Has your child example of Household May Parental Job O Parent Work Hook BabyO Serious Illness O OperationO Serious Injury.	ver other than pan live in child's hold loes this person lover been left with to a sitter?	ome? • Yes • Nome? • Yes • Nome? • Yes • Nome? • Yes • Nome? • Yes	No Who?	es. caregiver family t s ation	for family	?	
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FAMILY PROFILE FORM - PART THREE
YOUR CHILD
How does your child handle changes in routine?
How does your child react to new situations?
Please note specific situations in which your child tends to become upset, angry, afraid, withdrawn, or other
Describe how you help your child handle these situations?
How would you describe your child's temperament or personality?
What three adjectives would you use to describe your child?
Describe your approach to discipline and how your child responds
PLAY HABITS
What are your child's play habits?
Does your child make friends with children easily or cautiously?
Does your child make friends with adults easily or cautiously?
How would you describe your child's attitude towards adults?
How would you describe your child's play?
How does your child interact with playmates?
How does your child get along with their siblings?
What does your child enjoy doing with other members of the family?
Does your child have any special interests or hobbies?
Are there special family times or excursions they enjoy?



F	AMILY PROFILE FORM - PART FOUR
PR	ENATAL & POSTNATAL
Dic	you have any illnesses or take medications during pregnancy?
	y complications with pregnancy/delivery?
	re you: O Full term O Premature Child's length at birth Child's weight at birth
	mplications after birth?
	you have any anesthesia or medication during delivery?
Wa	s child as baby 🛮 O Easy-going O Active O Colicky O Other
GE	ENERAL HEALTH
We	re or are there any physical or medical factors of which we should be aware? If yes, please describe. (Required)
Yes	s No
0	o Allergies
0	O Vision
0	O Hearing
0	○ Ear infections How often? Fluid? ○ Yes ○ No
0	O Coordination
О	O Food Restrictions
О	Eating Difficulties
О	O Constipation
О	O Diarrhea
О	O Seizures
Do	es your child use adaptive equipment, medical or health equipment (tubes, glasses)? • Yes • No
Do	es your child take medication regularly? 🔾 Yes 🔾 No Please describe
An	y special instructions?
RC	DUTINES
Ge	neral Separation
ls t	his your child's first infant/toddler or preschool experience? • Yes • No
If n	o, what was previous experience? Where?
Но	w long did they participate? Days/WeekHours/Day
Wł	at was child's experience?
Но	w did your child transition?
Wł	y did experience end?



FAMILY PROFILE	FORM - PART FIVE
ROUTINES (CON	TINUED)
Do they: O Use a bottle	O Fall asleep easily? Are there routines that help your child fall asleep?
O Use a pacifier	
<ul><li>Thumb suck</li></ul>	O Have nighttime fears
<ul><li>Sleep in a crib</li></ul>	
○ Sleep in a bed	How early retire?
<ul><li>Sleep alone</li></ul>	How early awake?
<ul><li> Sleep with toy</li><li> Sleep with blanket</li></ul>	O Still nap? What time/How long?
3 sieep with blanket	
TOILETING	
At what age did they?	? Start B.M. TrainingStart bladder training
Method of training _	Do they tell you O Before O After
Needs reminding to g	go: In the day O Yes O No At night O Yes O No
Do they mind using to	oilets outside the home? • Yes • No If "accident" what reaction?
EATING	
Are mealtimes: O Ple	asant O Difficult Please describe
How do you handle it	?
What are your child's	favorite foods?
What foods does you	r child dislike?
When do they usually	get hungry?
How often does your	child eat during the day?
DEVELOPMENT	
	(If you can't recall the age but your child has mastered the skill, just check it.)
	Walk Point Babble
	What were first words?
	What were first phrases? of your child's development that are of concern to you?
——————————————————————————————————————	or your child's development that are or concern to you:
Because we believe the	nat early identification and intervention is key to long-term developmental growth and success, please
	question in an effort to share as much information as possible about your child's unique learning profile.
	errently receive outside professional therapies such as: Speech, occupational, developmental, physical, etc.? If so, please explain.



FAMILY PROFILE FORM - PART SIX	
EARLY CHILDHOOD EXPERIENCES	
Has your child had any other group experiences?	
Will your child participate in other programs this year? $\odot$ Yes $\odot$ No	
Which ones? With or without an adult?	
Do they know other children coming to school? • Yes • No Names	
What experiences would you like your child to have in preschool?	
What are your goals for your child this year?	
OTHER	
Is there any other information you would like to provide?	
Would you like to receive information about other JCC Chicago programs and services? Please check:  O Summer Camps O After School Recreation O Sports/Swimming O Adult Fitness O Family Events O Parent/Child Programs O Children's Programs	
How did you learn about JCC Chicago Early Childhood?	
PARENT/GUARDIAN SIGNATURE	
Omission and/or falsification of any information required in this profile is grounds for immediate dismiss	 al from the program.
	. 5
Print Name	
Parent/Guardian Signature Date	

Thank you for completing this form. The information you provided will allow JCC Chicago to provide caring, individualized attention to your child. If you have any questions about this form, please don't hesitate to call.



# State of Illinois Certificate of Child Health Examination

Student's Name				Birth Date		Sex	Race	e/Ethnicity	Scho	ol /Grade Level/ID#
Last	First	Middle		Month/Day/Year						
Address Str	reet City	Zip Code		Parent/Guardian			Telepho	one # Home		Work
IMMUNIZATIONS medically contrained	S: To be completed by licated, a separate whing the medical reas	y health care provideritten statement mus	st be a	ne mo/da/yr for attached by the		dose ad	minis	tered is requir		a specific vaccine is
REQUIRED Vaccine / Dose	DOSE 1 MO DA YR	DOSE 2 MO DA YR	М	DOSE 3	МО	DOSE 4 DA	YR	DOSE 5 MO DA	YR	DOSE 6 MO DA YR
DTP or DTaP										
Tdap; Td or Pediatric DT (Check specific type)	□Tdap□Td□DT	□Tdap□Td□DT	ПТ	dap□Td□DT	□Td	ap□Td□	□DT	□Tdap□Td□	□DT	□Tdap□Td□DT
Polio (Check specific type)	□ IPV □ OPV	□ IPV □ OPV		IPV □ OPV		PV □ C	OPV		OPV	□ IPV □ OPV
Hib Haemophilus influenza type b										
Pneumococcal Conjugate										
Hepatitis B										
MMR Measles Mumps. Rubella					Com	ments:		* indicates in	valid	dose
Varicella (Chickenpox)										
Meningococcal conjugate (MCV4)										
RECOMMENDED, B	UT NOT REQUIRED	Vaccine / Dose	1							
Hepatitis A										
HPV								T		T
Influenza										
Other: Specify Immunization Administered/Dates										
Health care provide	er (MD, DO, APN, PA						above	immunization	histo	ry must sign below.
	e above immunization	history section, put y	our in	• , ,	and sig	gn here.		<b>.</b>		
Signature				Title				Dat		
Signature	ROOF OF IMMUNI	TV		Title				Dat	e	
	s (measles, mumps, h			n verified by p		an and so				nation. Attach
Person signing below v documentation of disea	<b>lla (chickenpox) dises</b> erifies that the parent/gusse.									
Date of Disease	Sign	ature						Title		
	ence of Immunity (ch		es*	□Mumps**		Rubella	. [		Attacl	n copy of lab result.
*All measles cases	diagnosed on or after J	July 1, 2002, must be	confi	rmed by laborat						
Completion of Alter	rnatives 1 or 3 MUSTs of Immunity MUST	Γ be accompanied by	/ Lab	s & Physician S						

Last		First			Middle	Birth	Date  Month/Day/ Year	Sex	School	l	Grade Level/ ID
HEALTH HISTORY			OMPLE	TED	AND SIGNED BY PAREN	T/GUA	· ·	BY HE	ALTH C	ARE PRO	OVIDER
ALLERGIES (Food, drug, insect, other)	Yes No	List:					EDICATION (Prescribed or on on a regular basis.)	Yes I No	list:		
Diagnosis of asthma? Child wakes during nig		ing?	Yes Yes	No No		Lo	ss of function of one of pai gans? (eye/ear/kidney/testic	ired	Ye	s No	
Birth defects?			Yes	No			ospitalizations?		Ye	s No	
Developmental delay?			Yes	No		- W	hen? What for?				
Blood disorders? Hem Sickle Cell, Other? Ex			Yes	No		W	rgery? (List all.) hen? What for?		Ye	s No	
Diabetes?			Yes	No			rious injury or illness?		Ye	s No	
Head injury/Concussion		out?	Yes	No			3 skin test positive (past/pre		Ye		*If yes, refer to local health department.
Seizures? What are th	·		Yes	No			B disease (past or present)?		Ye		исранитель.
Heart problem/Shortne Heart murmur/High bl			Yes Yes	No No			bacco use (type, frequency cohol/Drug use?	r)?	Ye Ye		
Dizziness or chest pair			Yes	No		Fa	mily history of sudden deat	th	Ye		
exercise?  Eye/Vision problems?					Last exam by eye doctor		fore age 50? (Cause?) ental   Braces   I	Bridge	□ Plat	e Other	
Other concerns? (cross Ear/Hearing problems		1 0	squinting Yes	, diffi No		Inf	ormation may be shared with a	ppropriate	personne	l for health a	and educational purposes.
Bone/Joint problem/in			Yes	No		——Pa	rent/Guardian mature		•		Date
PHYSICAL EXAM	IINATI	ON REO	HIRE	MEN	I NTS Entire section be		be completed by MD	/DO/A	PN/PA		
HEAD CIRCUMFEREN				11121	HEIGHT	1011 10	WEIGHT BMI			ERCENTIL	E B/P
					ARE) BMI>85% age/sex stance (hypertension, dyslipide						History Yes □ No □ o □ At Risk Yes □ No □
							nrolled in licensed or pub	lic scho	ol operat	ed day ca	re, preschool, nursery school
Questionnaire Admin		-			Chicago or high risk zip cod od Test Indicated? Yes		<b>Blood Test Date</b>			Result	
											ditions, frequent travel to or born
in high prevalence countries  No test needed		exposed to rformed [			risk categories. See CDC guide a <b>Test: Date Read</b>	lines.	ttp://www.cdc.gov/tb/put/ Result: Positiv		<u>is/factshe</u> Negativ		g/TB_testing.htm. mm
	F -				d Test: Date Reported		Result: Positiv		Negativo		Value
LAB TESTS (Recomme	ended)	I	Date		Results					Date	Results
Hemoglobin or Hema	tocrit	ļ					Sickle Cell (when indicated				
Urinalysis  SYSTEM REVIEW	NT 1	G	. 4 . /F . H .		- /NT 1		Developmental Screenin			4 . /F . 11	1. /NT1.
	Normal	Commer	1ts/F 0110	ow-u	p/Needs			Normal	Comn	ients/F oil	low-up/Needs
Skin					Caraanina Dagult		Endocrine				
Ears					Screening Result:		Gastrointestinal				TIME
Eyes					Screening Result:		Genito-Urinary				LMP
Nose							Neurological				
Throat							Musculoskeletal				
Mouth/Dental							Spinal Exam				
Cardiovascular/HTN							Nutritional status		1		
Respiratory	4 41 3	f 1:			☐ Diagnosis of Asthm	a	Mental Health		-		
Currently Prescribed A Quick-relief med Controller medica	lication (e	e.g. Short	Acting B				Other				
NEEDS/MODIFICA							DIETARY Needs/Restric	ctions			
SPECIAL INSTRUC	TIONS/I	DEVICES	e.g. safe	ety gla	asses, glass eye, chest protector	for arrhy	hmia, pacemaker, prosthetic	device, d	lental brid	lge, false te	eeth, athletic support/cup
MENTAL HEALTH. If you would like to discu			, .		the school should know about the school health personnel, check			☐ Counse	elor 🗆	Principal	
	ION nee		t school d	lue to	child's health condition (e.g., s	eizures, a	sthma, insect sting, food, pea	nut allerg	gy, bleedi	ng problem	n, diabetes, heart problem)?
On the basis of the examin						RSCH	(If No or Modif				
Print Name						Signatur			- 10		Date
Address					, , , , , , ,				Phone	<u> </u>	_



### Childhood Lead Risk Questionnaire

Date

# ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE MUST BE EVALUATED FOR LEAD POISONING (410 ILCS 45/6.2)

### A blood lead test should be performed on children:

- with any "Yes" or "Don't Know" response
- living in a high-risk ZIP code area
- all Medicaid-eligible children should have a blood lead test prior to 12 months of age and 24 months of age. If a Medicaid-eligible child between 36 months and 72 months of age has not been previously tested, a blood lead test should be performed.

### If responses to all the questions are "No":

Ch	ild's name	Today's d	ate	
Ag	e Birthdate ZIP Code			
Re	spond to the following questions by circling the appropriate answer.		RESI	PONSE
1.	Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?	Yes	No	Don't Know
2.	Does this child have a sibling with a blood lead level of 10 mcg/dL or higher?	Yes	No	Don't Know
3.	Does this child live in or regularly visit a home built before 1978?	Yes	No	Don't Know
4.	In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?	Yes	No	Don't Know
5.	Is this child a refugee or an adoptee from any foreign country?	Yes	No	Don't Know
6.	Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)?	Yes	No	Don't Know
7.	Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)?	Yes	No	Don't Know
8.	At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?	Yes	No	Don't Know
9.	Does this child reside in a high-risk ZIP code area? (see reverse side of page for list)	Yes	No	Don't Know
•	here is any "Yes" or "Don't Know" response; and the child has proof of two consecutive blood lead test results (documented below) th (with one test at age 2 or older), and there has been no change in the child's living conditions, a blood lead test is not nee	at are eac	h less th	nan 10 mcg/dL

Illinois Lead Program 866-909-3572 or 217-782-3517 TTY (hearing impaired use only) 800-547-0466

Signature of Doctor/Nurse



# Pediatric Lead Poisoning High-Risk ZIP Code Areas

								<b>.</b>	
Adams	Christian	DuPage	Grundy	Jefferson	Livingston	Massac	Peoria	Saline	Warren
62301	62083	60519	60437	62883	60420	62953	61451	62930	61412
62320	62510		60474	Jersey	60460		61529	62946	61417
62324	62517	Edgar		62030	60920	McDonough	61539		61423
			Hamilton.					C	
62339	62540	61917	Hamilton	62063	60921	61411	61552	Sangamon	61435
62346	62546	61924	62817		60929	61416	61602	62625	61447
62348	62555	61932	62828	Jo Daviess	60934	61420	61603	62689	61453
62349	62556	61933	62829	61028	61311	61422	61604	62703	61462
62365	62557	61940	62859	61075	61313	61438	61605		61473
02000	62567	61944	02000		61333			Cohundor	
				61085		61440	61606	Schuyler	61478
Alexander	62570	61949	Hancock	61087	61740	61470		61452	
62914			61450		61741	61475	Perry	62319	Washington
62988	Clark	Edwards	62311	Johnson	61743	62374	62832	62344	62214
	62420	62476	62313	62908	61769		62997	62624	62803
Dand	62442	62806	62316	62923	61775	Mallanni	02331	62639	02000
Bond					01773	McHenry		02039	
62273	62474	62815	62318	Kane		60034	Piatt		Wayne
	62477	62818	62321	60120	Logan		61813	Scott	62446
Boone	62478		62330	60505	62512	McLean	61830	62621	62823
61038		Effingham	62334		62518	61701	61839	62663	62843
01000	Clay	None	62336	Kankakee	62519			62694	62886
_	Clay	None				61720	61855	02094	02000
Brown	62824		62354	60901	62548	61722	61929		
62353	62879	Fayette	62367	60910	62543	61724	61936	Shelby	White
62375		62458	62373	60917	62635	61728		62438	62820
62378	Clinton	62880	62379	60954	62643	61730	Pike	62534	62821
02010	62219	62885		60969				62553	
_	02219	02000	62380	00909	62666	61731	62312	02000	62835
Bureau			Hardin		62671	61737	62314		62844
61312	Coles	Ford	62919	Kendall		61770	62323	Stark	62887
61314	61931	60919	62982	None	Macon		62340	61421	
61315	61938	60933	02002	110.10	62514	Menard	62343	61426	Whiteside
			Handan	IZ					
61322	61943	60936	Henderson	Knox	62521	62642	62345	61449	61037
61323	62469	60946	61418	61401	62522	62673	62352	61479	61243
61328		60952	61425	61410	62523	62688	62355	61483	61251
61329	Cook	60957	61454	61414	62526	02000	62356	61491	61261
						Manage		01401	
61330	All Chicago	60959	61460	61436	62537	Mercer	62357	·	61270
61337	ZIP Codes	60962	61469	61439	62551	61231	62361	Stephenson	61277
61338	60043	61773	61471	61458		61260	62362	61018	61283
61344	60104		61480	61467	Macoupin	61263	62363	61032	
61345	60153	Franklin	01100	61474	62009	61276	62366	61039	Will
			Hamma						
61346	60201	62812	Henry	61485	62033	61465	62370	61044	60432
61349	60202	62819	61234	61489	62069	61466		61050	60433
61359	60301	62822	61235	61572	62085	61476	Pope	61060	60436
61361	60302	62825	61238		62088	61486	None	61062	
				Laka		01100	140110		Williamaan
61362	60304	62874	61274	Lake	62093			61067	Williamson
61368	60305	62884	61413	60040	62626	Monroe	Pulaski	61089	62921
61374	60402	62891	61419		62630	None	62956		62948
61376	60406	62896	61434	LaSalle	62640		62963	Tazewell	62949
61379	60456	62983	61443	60470	62649	Montgomery	62964	61564	62951
013/9									02931
	60501	62999	61468	60518	62672	62015	62976	61721	
Calhoun	60513		61490	60531	62674	62019	62992	61734	Winnebago
62006	60534	Fulton		61301	62685	62032			61077
62013	60546	61415	Iroquois	61316	62686	62049	Putnam	Union	61101
62036	60804	61427	60911	61321	62690	62051	61336	62905	61102
	00004				02090				
62070		61431	60912	61325		62056	61340	62906	61103
	Crawford	61432	60924	61332	Madison	62075	61363	62920	61104
Carroll	62433	61441	60926	61334	62002	62077		62926	
61014	62449	61477	60930	61342	62048	62089	Randolph		Woodford
61051	62451	61482	60931	61348	62058	62091	62217	Vermilion	61516
	02401								
61053		61484	60938	61354	62060	62094	62242	60932	61545
61074	Cumberland	61501	60945	61358	62084	62538	62272	60942	61570
61078	62428	61519	60951	61364	62090			60960	61760
		61520	60953	61370	62095	Morgan	Richland	60963	61771
Cass	DeWitt	61524	60955	61372		62601	62419	61810	
				31012	Marian				
62611	61727	61531	60966	I	Marion	62628	62425	61831	
62618	61735	61542	60967	Lawrence	None	62631		61832	
62627	61749	61543	60968	62439		62692	Rock Island	61833	
62691	61750	61544	60973	62460	Marshall	62695	61201	61844	
	61777	61563		62466	61369		61236	61848	
Champaian		31000	lackson	32 100	61377	Moultria		61857	
Champaign	61778	Callati:	Jackson	Las		Moultrie	61239		
61815	61882	Gallatin	62927	Lee	61424	61937	61259	61865	
61816		62934	62940	60553	61537		61265	61870	
61845	DeKalb		62950	61006	61541	Ogle	61279	61876	
61849	60111	Greene		61031		61007	-	61883	
			lacner		Macon		St. Clair	31000	
61851	60129	62016	Jasper	61042	Mason	61030		147-1-	
61852	60146	62027	62432	61310	62617	61047	62201	Wabash	
61862	60550	62044	62434	61318	62633	61049	62203	62410	
61872		62050	62459	61324	62644	61054	62204	62852	
<del>-</del>	Douglas	62054	62475	61331	62655	61064	62205	62863	
								32000	
	61930	62078	62480	61353	62664	61091	62220		
	61941	62081		61378	62682		62289		
	61942	62082							
		62092							



# **Program Permission Form**

- 1. I give permission for my child \_\_\_\_\_\_\_ to receive appropriate medical attention from JCC Chicago staff, such as first aid, CPR, Heimlich maneuver, etc., or, if it is determined that my child needs immediate professional medical care, I authorize JCC Chicago to transport them to the nearest emergency hospital. Parents will be contacted immediately. I understand that I will be responsible for all of his/her expenses in relation to emergency medical services.
- 2. I hereby give permission for JCC Chicago staff to contact my pediatrician for any information needed about my child. I authorize my pediatrician to release such information to JCC Chicago.
- 3. Dependent on DCFS recommendations regarding outside facilitators, I understand that JCC Chicago may allow allows students of schools of education, nursing and other allied professions to observe JCC Chicago programs as part of their course of education.
- 4. Dependent on DCFS recommendations regarding outside facilitators, I understand that consultants may be engaged by JCC Chicago to provide support to families and staff. These consultants may observe and make recommendations about children in the classroom. When necessary these consultants provide staff training on classroom management; materials and resources, observations and family support.
- 5. I understand that I am legally responsible for my child while they are en route to and from JCC Chicago programs.
- 6. I give my permission for my child's picture to be used for publicity purposes by JCC Chicago. JCC Chicago may videotape or photograph participants enrolled in programs, classes and events or while enjoying JCC Chicago facilities. These photographs are for JCC Chicago publications, flyers, publicity efforts, brochures, web use, other electronic communications or video usage. However, for Early Childhood, a program permission form must be signed to allow a child's picture and name to be used for publicity purposes by JCC Chicago. This policy is mandated by DCFS. All photos and videos are for JCC Chicago use and become the sole property of JCC Chicago. Please contact the Program Director for photographic exclusions.
- 7. I understand that JCC Chicago programs contain Jewish content and I agree to allow my child to participate in this type of program.
- 8. I/We hereby give permission for my name and my child's name, address and phone number to be included in a class roster information list.
- 9. I/We hereby give permission for the Early Childhood staff to use hypo-allergenic wipes on my child for diapering purposes, if needed.
- 10. I understand that should I wish to transfer my child to another JCC Chicago sponsored program, my child's financial records will be shared with the staff of that program.
- 11. I give permission for my child to participate in athletic activities such as swimming or gymnastics, if applicable.
- 12. I give my permission for all the foregoing. I have also read and understand the registration policies on the JCC Chicago Registration Policies page available at **iccchicagoearlychildhood.org/policies**.

Print Name	
Parent/Guardian Signature	Date



# **Authorization for Pick-up**

Parent/Guardian Nar	me			
Work Phone	Home P	hone	Cell Phone	
Parent/Guardian Nar	me			
	Home P		Cell Phone	
special circumstanc	nly those individuals list es arise, parents will pro That person should be p	ovide written instruc	tions for release	e of the child to
Name	Address	Relationship	Work Phone	Home Phone
1		•		
<b>Name</b> 1 2	y and I cannot be reache Address	Relationship		Home Phone
4 I am in a carpool wit Name 1 2	th the following people Address	Relationship	Work Phone	Home Phone
4 I am in a carpool wit Name 1 2 3	th the following people Address	Relationship	Work Phone	Home Phone
4 I am in a carpool wit Name 1 2 3	th the following people Address	Relationship	Work Phone	Home Phone



I/We \_\_\_\_

# **Receipt and Agreement to Policies**

Please refer to documents found at jccchicagoearlychildhood.org/intake-forms.

Please Print Name(s)

Parent(s) or Guardian(s) of	
rateflicity of Gaaraian(s) of	Name of Child
Please fill out the appropriate informatio	n below and provide your signature and date signed.
	ne JCC Chicago Early Childhood Parent Guide ance and Discipline) and agree to adhere to all of the ibed.
	ave received and read the JCC Chicago Early agree to adhere to all the principles described
<ul> <li>I/We hereby certify that I/we had Licensing Standards for Day Ca</li> </ul>	ave received and read the ILDCFS Summary of are Centers.
<ul> <li>I/We hereby certify that I/we had be looked a looked by Late Pickup and agree to adhe</li> </ul>	ave read the JCC Chicago Early Childhood Policy on re to this policy.
Print Name	
Print Name Parent/Guardian Signature	 Date



# **Insurance Form**

JCC Chicago requires health insurance information for all children enrolled in our Early Childhood programs. Please complete the form below.

### Please fill out ALL fields below

Child's Name
Insured Name
Insurance Carrier
Member #
Group #
Signature
Thank you for your cooperation.

Print Name
Parent/Guardian Signature

Date



# **Preferred Email Address Form**

JCC Chicago Early Childhood is using email as an important mode of communication. JCC Chicago will never send spam/junk emails to our families. Emails will only be used for official JCC Chicago communications.

### Please fill out ALL fields below

Child's Name
Parent/Guardian's Name
Parent/Guardian's Name
JCC Chicago Location
Name of Child's Program
Preferred Email Address

Print Name	
Parent/Guardian Signature	Date





# Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CARFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING JEWISH COMMUNITY CENTERS OF CHICAGO FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

### **Assumption of Risk**

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Jewish Community Centers of Chicago facilities, services, equipment, premises and services provided offsite from Jewish Community Centers of Chicago premises, such as, but not limited to, at participants' homes and public parks ("Facilities") and any participation in Jewish Community Centers of Chicago programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease, including COVID 19, I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Jewish Community Centers of Chicago its officers, directors, agents, employees, volunteers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease, including COVID 19 incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease, including COVID 19 sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE**, **WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, force majeure, impossibility of performance, impracticability of performance and frustration of purpose, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease, including COVID 19 or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, myself, and any and all legal successors and proxies, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, force majeure, impossibility of performance, impracticability of performance and frustration of purpose, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (print clearly)	Date
Parent/Guardian Signature	Parent/Guardian Name (print clearly)



## **OPTIONAL**

# **Friendship Request Form**

Friendship requests must be mutual.

Are there children with whom you would like your child grouped? If the children are the same age as your child, we will do our best to honor at least one request. Please list the names of the children in order of preference.

# Please do not list more than two names. Your child's name #1 Friendship request Name #2 Friendship request



# **OPTIONAL**

Location

Parent/Guardian Signature

# Waiver for the Distribution or Administration of Medicine

This form must accompany physician instructions for administering medication, including name of medicine, dosage, schedule, and duration. This form and instructions must be submitted to your JCC Chicago Early Childhood location.

Program

Child's Name	Home Phone
Doctor's Name	Phone
The undersigned hereby acknowledges and reguardian or person legally responsible for while they are under the supervision of the proChicago.	
The undersigned further acknowledges that the physician has requested, that JCC Chicago, its administer or assist in administering certain methods while they are under the supervision of JCC Ch	employees and/or duly authorized agents, edication to
Now, in consideration of the administering or a medication, the undersigned does hereby fore agree to indemnify JCC Chicago, its employee any and all claims, demands, suits, actions and kind or nature, arising out of or in connection vadministering of said medication.	ver release, discharge, hold harmless and es and duly authorized agents of and from liabilities or responsibilities of whatsoever
Print Name	

Date



# **OPTIONAL**

# Waiver for the Distribution of Sunscreen or Insect Repellent

This form gives JCC Chicago permission to apply sunscreen and/or insect repellent that is supplied from home. This form must be received in your JCC Chicago Early Childhood office before sunscreen or insect repellent can be applied.

Ch	ild's Name	Home Phone
gu wh	e undersigned hereby acknowledges ar ardian or person legally responsible for ile they are under the supervision of the icago.	nd represents that they are the parent, legal ————————————————————————————————————
em sur	ployees and/or duly authorized agents	at they have requested that JCC Chicago, its administer or assist in administering while they are under the
and had ag	d/or insect repellent, the undersigned or rmless and agree to indemnify JCC Chic ents of and from any and all claims, den	re, arising out of or in connection with the
Wi	ll you be providing?	
О	Sunscreen–Name brand	
О	Insect repellent–Name brand	
	Print Name	
	Parent/Guardian Signature	Date

# **Emergency Information**

2023-24

Classroom Copy

Child's Name	
Birth date	Program
Address	
	Zip
Email	
	ce asterisk next to preferred phone number
#1 Name	
Work Phone	_Home Phone
Cell Phone	
Work Phone	_Home Phone
Cell Phone	
Relative or Friend Alternative	
#1 Name	_Phone
#2 Name	_Phone
Pediatrician	_Phone
Allergies	
	_Hospital
Other Significant Medical Info	

# **Emergency Authorization**

I hereby give permission to the medical personnel selected by JCC Chicago to order x-ray, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by JCC Chicago to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/ or surgery for my child.

I hereby give my permission for JCC Chicago Early Childhood to contact my pediatrician for any information needed about my child and authorize my pediatrician to release such information to JCC Chicago.

Signature Parent/Guardian
Date

# **Emergency Information**

Office copy

Child's Name	
Birth date	Program
Address	
City	Zip
Email	
Parent(s)/Guardian(s)	please place asterisk next to preferred phone number
#1 Name	
Work Phone	Home Phone
Cell Phone	
#2 Name	
Work Phone	Home Phone
Cell Phone	
Relative or Friend Alter	native
#1 Name	Phone
#2 Name	Phone
Pediatrician	Phone
Allergies	
Medication	Hospital
Other Significant Medical In	fo

# **Emergency Authorization**

I hereby give permission to the medical personnel selected by JCC Chicago to order x-ray, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by JCC Chicago to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/ or surgery for my child.

I hereby give my permission for JCC Chicago Early Childhood to contact my pediatrician for any information needed about my child and authorize my pediatrician to release such information to JCC Chicago.

Signature Parent/Guardian
Date