jccchicago

EARLY CHILDHOOD

DAYCARE | PRESCHOOL

Dear 2020 Families,

We are so excited to have you as part of our JCC Chicago family during the 2020–2021 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 **jccchicagoearlychildhood.org/intake-forms** to conveniently find all of the **REQUIRED** enrollment forms. You have two options to complete the forms:

1. 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.

NOTE: During the current health crisis, if you are sending paper forms- please wait until your location reopens or mail to Bernard Weinger JCC, 300 Revere Drive, Northbrook, IL 60062.

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. Friendship Request Form *(optional)*
9. Waiver for the Distribution of Medicine Form *(optional)*
10. Waiver for the Distribution of Sunscreen and Insect Repellent Form *(optional)*
11. Emergency Card (2) included electronically

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

1. Early Childhood Parent Guide
2. Early Childhood Code of Honor
3. 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 3,2020.** Forms may be returned to:

- JCC Chicago Early Childhood location, c/o Director, Address, City, IL Zip Code *(EC contact information may be found on the following page)*
- 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
Rachel Weber, Director
rweber@jccchicago.org

BERNARD HORWICH JCC
3003 W. Touhy Avenue
Chicago, IL 60645
773.516.5882
Miriam Aberman, Director
maberman@jccchicago.org

JCC CHICAGO EARLY CHILDHOOD AT BETH EMET
1224 Dempster Street
Evanston, IL 60202
adenes-meador@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 'Z' FRANK APACHI
3050 Woodridge Lane
Northbrook, IL 60062
847.272.8707
Leanne Nathan, Director
lnathan@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
lspewak@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.
- 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. *During the current health crisis, if you are sending paper forms- please wait until your location reopens or mail to Bernard Weinger JCC, 300 Revere Drive, Northbrook, IL 60062.*

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For Office Use Only
Date Entered Program _____
Site _____
Date Exited Program _____

FAMILY PROFILE FORM – ANNUAL UPDATE PART ONE

Please complete this form in its entirety. Date Completed _____

CHILD

Child's Name _____ Nickname _____ Date of Birth _____
Gender at birth ❍ M ❍ F Preferred Pronoun _____ Hebrew Name, If Any _____
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? *(Please provide legal documentation)* _____

❍ Parent ❍ Guardian

Name _____
Age _____ Education _____
Health issues that you feel are important for us to know?
_____
Occupation _____
Business Name _____
Business Phone _____
Business Address _____
Work Days/Hours ❍ M _____ ❍ T _____ ❍ W _____
❍ Th _____ ❍ F _____ ❍ Sa _____ ❍ Su _____
Do you travel for business? ❍ Yes ❍ No
How Often? _____
Cell Phone _____
Pager Number _____

❍ Parent ❍ Guardian

Name _____
Age _____ Education _____
Health issues that you feel are important for us to know?
_____
Occupation _____
Business Name _____
Business Phone _____
Business Address _____
Work Days/Hours ❍ M _____ ❍ T _____ ❍ W _____
❍ Th _____ ❍ F _____ ❍ Sa _____ ❍ Su _____
Do you travel for business? ❍ Yes ❍ No
How Often? _____
Cell Phone _____
Pager Number _____

YOUR FAMILY

Marital Status of Parents ❍ Married/Date _____ ❍ Widowed/Date _____ ❍ Single
❍ Separated/Date _____ ❍ Divorced/Date _____ ❍ Other _____

Other Children in Family

Name	*Date of Birth*	*Resides With*	*Health*	*School*	*Grade*	*Gender*
						❍ M ❍ F
						❍ M ❍ F
						❍ M ❍ F
						❍ M ❍ F

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FAMILY PROFILE FORM – ANNUAL UPDATE PART TWO

Has your child experienced any of the following? Please check and list dates.

- ❍ Household Moves _____
- ❍ Parental Job Changes _____
- ❍ Parent Work Hours _____
- ❍ New Baby _____
- ❍ Serious Illness _____
- ❍ Operation _____
- ❍ Serious Injury _____
- ❍ Change in caregiver _____
- ❍ Death in Family _____
- ❍ Loss of Pet _____
- ❍ Other Loss _____
- ❍ Hospitalization _____
- ❍ Accident _____
- ❍ Other _____
- ❍ Parent Attending School _____

What was child told about family changes? _____

How did they react? _____

GENERAL HEALTH

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Hospital Affiliation _____

Were or are there any physical or medical factors of which we should be aware? If yes, please describe. **(Required)**

_____

Yes	No		Yes	No	
❍	❍	Allergies _____	❍	❍	Coordination _____
❍	❍	Vision _____	❍	❍	Food Restrictions _____
❍	❍	Hearing _____	❍	❍	Diarrhea _____
❍	❍	Eating Difficulties _____	❍	❍	Seizures _____
❍	❍	Constipation _____	❍	❍	Ear infections How often? _____ Fluid? ❍ Yes ❍ No

Does your child use adaptive equipment, medical or health equipment (tubes, glasses)? ❍ Yes ❍ No

Does your child take medication regularly? ❍ Yes ❍ No Please describe _____

Any special instructions? _____

OTHER

Are there any other aspects of your child's development that are of concern to you? _____

_____

What are your goals for your child this year? _____

Does your child have specific fears? _____

Is there any other information you would like to provide? _____

Because we believe that early identification and intervention is key to long-term developmental growth and success, please answer the following question in an effort to share as much information as possible about your child's unique learning profile.

Does your child currently receive outside professional therapies such as: Speech, occupational, developmental, physical, Early Intervention, etc.? If so, please explain. _____

PARENT/GUARDIAN SIGNATURE

Omission and/or falsification of any information required in this profile is grounds for immediate dismissal from the program.

_____
Print Name

_____
Parent/Guardian Signature Date

State of Illinois
Certificate of Child Health Examination

Student's Name Last First Middle	**Birth Date** Month/Day/Year	**Sex**	**Race/Ethnicity**	**School /Grade Level/ID#**
Address Street City Zip Code	Parent/Guardian	Telephone # Home		Work

IMMUNIZATIONS: **To be completed by health care provider. The mo/da/yr for *every* dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.**

REQUIRED Vaccine / Dose	**DOSE 1** MO DA YR	**DOSE 2** MO DA YR	**DOSE 3** MO DA YR	**DOSE 4** MO 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	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophilus influenza type b						
Pneumococcal Conjugate						
Hepatitis B						
MMR Measles Mumps. Rubella				**Comments:** * indicates invalid dose		
Varicella (Chickenpox)						
Meningococcal conjugate (MCV4)						
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose						
Hepatitis A						
HPV						
Influenza						
Other: Specify Immunization Administered/Dates						

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.
If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature **Title** **Date**

Signature **Title** **Date**

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
***MEASLES (Rubeola)** MO DA YR ****MUMPS** MO DA YR **HEPATITIS B** MO DA YR **VARICELLA** MO DA YR

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.
Date of Disease **Signature** **Title**

3. Laboratory Evidence of Immunity (check one) ☐**Measles*** ☐**Mumps**** ☐**Rubella** ☐**Varicella** **Attach copy of lab result.**

*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and *Maintained* by the School Authority.

Last	First	Middle	Birth Date (Month/Day/ Year)	Sex	School	Grade Level/ ID

HEALTH HISTORY **TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

ALLERGIES (Food, drug, insect, other)	Yes No	List:		**MEDICATION** (Prescribed or taken on a regular basis.)	Yes No	**List:**	
Diagnosis of asthma?	Yes No			Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No		
Child wakes during night coughing?	Yes No						
Birth defects?	Yes No			Hospitalizations? When? What for?	Yes No		
Developmental delay?	Yes No						
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No			Surgery? (List all.) When? What for?	Yes No		
Diabetes?	Yes No			Serious injury or illness?	Yes No		
Head injury/Concussion/Passed out?	Yes No			TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.	
Seizures? What are they like?	Yes No			TB disease (past or present)?	Yes* No		
Heart problem/Shortness of breath?	Yes No			Tobacco use (type, frequency)?	Yes No		
Heart murmur/High blood pressure?	Yes No			Alcohol/Drug use?	Yes No		
Dizziness or chest pain with exercise?	Yes No			Family history of sudden death before age 50? (Cause?)	Yes No		
Eye/Vision problems? _____ Glasses ☐ Contacts ☐ Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Dental ☐ Braces ☐ Bridge ☐ Plate Other			
Ear/Hearing problems?	Yes No			Information may be shared with appropriate personnel for health and educational purposes.			
Bone/Joint problem/injury/scoliosis?	Yes No			**Parent/Guardian Signature**		**Date**	

PHYSICAL EXAMINATION REQUIREMENTS **Entire section below to be completed by MD/DO/APN/PA**

HEAD CIRCUMFERENCE if < 2-3 years old **HEIGHT** **WEIGHT** **BMI** **BMI PERCENTILE** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes☐ No☐ And any two of the following: **Family History** Yes ☐ No ☐
Ethnic Minority Yes☐ No ☐ **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes☐ No ☐ **At Risk** Yes ☐ No ☐

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes ☐ No ☐ **Blood Test Indicated?** Yes ☐ No ☐ **Blood Test Date** **Result**

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.

No test needed ☐ **Test performed ☐** **Skin Test: Date Read** **Result: Positive ☐ Negative ☐** **mm_____**
Blood Test: Date Reported **Result: Positive ☐ Negative ☐** **Value**

LAB TESTS (Recommended)	Date	Results		Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)		
Urinalysis			Developmental Screening Tool		

SYSTEM REVIEW	**Normal**	**Comments/Follow-up/Needs**		**Normal**	**Comments/Follow-up/Needs**
Skin			**Endocrine**		
Ears		Screening Result:	**Gastrointestinal**		
Eyes		Screening Result:	**Genito-Urinary**		LMP
Nose			**Neurological**		
Throat			**Musculoskeletal**		
Mouth/Dental			**Spinal Exam**		
Cardiovascular/HTN			**Nutritional status**		
Respiratory		☐ Diagnosis of Asthma	**Mental Health**		
Currently Prescribed Asthma Medication: ☐ Quick-relief medication (e.g. Short Acting Beta Agonist) ☐ Controller medication (e.g. inhaled corticosteroid)			**Other**		
NEEDS/MODIFICATIONS required in the school setting			**DIETARY** Needs/Restrictions		

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
If you would like to discuss this student's health with school or school health personnel, check title: ☐ Nurse ☐ Teacher ☐ Counselor ☐ Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes ☐ No ☐ If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in (If No or Modified please attach explanation.)
PHYSICAL EDUCATION Yes ☐ No ☐ Modified ☐ **INTERSCHOLASTIC SPORTS Yes ☐ No ☐ Modified ☐**

Print Name (MD,DO, APN, PA) **Signature** **Date**

Address **Phone**

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REQUIRED
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. I understand that JCC Chicago allows students of schools of education, nursing and other allied professions to observe JCC Chicago programs as part of their course of education.
4. I understand that to provide support to families and staff, consultants are engaged by JCC Chicago. 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 he or she is en route to and from JCC Chicago programs.
6. I hereby permit my child to accompany an authorized JCC Chicago staff member on excursions to places of interest (field trips) and release the JCC Chicago of all responsibilities other than reasonable care.
7. I hereby permit my child to participate in athletic activities and swimming as applicable.
8. 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. 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 for your child. I understand that parents are allowed to photograph and videotape classroom activities.
9. I understand that JCC Chicago programs contain Jewish content and I agree to allow my child to participate in this type of program.
10. 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.
11. 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.
12 I/We hereby give permission for the Early Childhood staff to use hypo-allergenic wipes on my child for diapering purposes, if needed.
13. 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 **jccchicagoearlychildhood.org/policies.**

_____
Print Name

_____
Parent/Guardian Signature Date

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REQUIRED

Authorization for Pick-up

Child's Name _____

Parent/Guardian Name _____
Work Phone _____ Home Phone _____ Cell Phone _____

Parent/Guardian Name _____
Work Phone _____ Home Phone _____ Cell Phone _____

I understand that only those individuals listed on this page are authorized to pick up my child. If special circumstances arise, parents will provide written instructions for release of the child to another individual. That person should be prepared to present personal identification upon arrival.

Name	Address	Relationship	Work Phone	Home Phone
1.				
2.				
3.				
4.				

In case of emergency and I cannot be reached, please contact

Name	Address	Relationship	Work Phone	Home Phone
1.				
2.				
3.				
4.				

I am in a carpool with the following people

Name	Address	Relationship	Work Phone	Home Phone
1.				
2.				
3.				
4.				

_____
Print Name

_____
Parent/Guardian Signature Date

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REQUIRED

Receipt and Agreement to Policies

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

I/We _____
Please Print Name(s)

Parent(s) or Guardian(s) of_____
Name of Child

Please fill out the appropriate information below and provide your signature and date signed.

- ❍ I/We have received and read the JCC Chicago Early Childhood Parent Guide *(including the section on Guidance and Discipline)* and agree to adhere to all of the policies and procedures described.
- ❍ I/We hereby certify that I/we have received and read the JCC Chicago Early Childhood Code of Honor and agree to adhere to all the principles described therein.
- ❍ I/We hereby certify that I/we have received and read the ILDCFS Summary of Licensing Standards for Day Care Centers.
- ❍ I/We hereby certify that I/we have read the JCC Chicago Early Childhood Policy on Late Pickup and agree to adhere to this policy.

_____
Print Name

_____
Parent/Guardian Signature Date

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REQUIRED

Insurance Form

As part of NAEYC (National Association for the Education of Young Children) criteria we must have health insurance information for all children enrolled in our JCC Chicago 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

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REQUIRED

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 Location _____

Name of Child's Program _____

Preferred Email Address _____

_____
Print Name

_____
Parent/Guardian Signature Date

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OPTIONAL

Friendship Request Form

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.

Friendship requests must be mutual.

Please do not list more than two names.

Your child's name _____

#1 Friendship request

Name _____

#2 Friendship request

Name _____

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OPTIONAL

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.

Location_____ Program _____

Child's Name _____ Home Phone _____

Doctor's Name_____ Phone _____

The undersigned hereby acknowledges and represents that they are the parent, legal guardian or person legally responsible for _____ while they are under the supervision of the programs sponsored and operated by JCC Chicago.

The undersigned further acknowledges that they have requested, or that a family physician has requested, that JCC Chicago, its employees and/or duly authorized agents, administer or assist in administering certain medication to _____ while they are under the supervision of JCC Chicago.

Now, in consideration of the administering or assistance in administering said medication, the undersigned does hereby forever release, discharge, hold harmless and agree to indemnify JCC Chicago, its employees and duly authorized agents of and from any and all claims, demands, suits, actions and liabilities or responsibilities of whatsoever kind or nature, arising out of or in connection with the administering or assistance in administering of said medication.

_____
Print Name

_____
Parent/Guardian Signature Date

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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.

Child's Name _____ Home Phone _____

The undersigned hereby acknowledges and represents that they are the parent, legal guardian or person legally responsible for _____ while they are under the supervision of the programs sponsored and operated by JCC Chicago.

The undersigned further acknowledges that they have requested that JCC Chicago, its employees and/or duly authorized agents administer or assist in administering sunscreen or insect repellent to _____ while they are under the supervision of JCC Chicago.

Now, in consideration of the administering or assistance in administering said sunscreen and/or insect repellent, the undersigned does hereby forever release, discharge, hold harmless and agree to indemnify JCC Chicago, its employees and duly authorized agents of and from any and all claims, demands, suits, actions and liabilities or responsibilities of whatsoever kind or nature, arising out of or in connection with the administering or assistance in administering of sunscreen and/or insect repellent.

Will you be providing?

❍ Sunscreen–Name brand _____

❍ Insect repellent–Name brand _____

_____
Print Name

_____
Parent/Guardian Signature Date

Emergency Information 2020-21

Classroom 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 Alternative

#1 Name _____ Phone _____

#2 Name _____ Phone _____

Pediatrician _____ Phone _____

Allergies _____

Medication _____ 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 2020-21

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 Alternative

#1 Name _____ Phone _____

#2 Name _____ Phone _____

Pediatrician _____ Phone _____

Allergies _____

Medication _____ 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