

 **jccchicago**
EARLY CHILDHOOD
DAYCARE | PRESCHOOL

Dear 2021-22 Families,

We are so excited to have you as part of our JCC Chicago family during the 2021-2022 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 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
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
- 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
847.763.3571
Nicole Correa, Director
ncorrea@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
lnathan@jccchicago.org

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

jccchicagoearlychildhood.org

JCC Chicago is a nonprofit organization dedicated to ensuring a strong and vibrant Jewish life and community for generations to come.

JCC Chicago is a partner with the Jewish United Fund in serving our community. ©2020 JCC Chicago

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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 _____

FAMILY PROFILE FORM - PART ONE

Please complete this form in its entirety.

Date Completed _____

CHILD

Child's Name _____ Hebrew Name, if any _____

Nickname _____ Date of Birth _____

Gender _____ 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? (Please provide legal documentation) _____

☐ **Parent** ☐ **Guardian**

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 ☐ M ☐ T ☐ W

☐ Th ☐ F ☐ Sa ☐ Su

Do you travel for business? ☐ Yes ☐ No

How Often? _____

Cell Phone _____

Pager Number _____

Email _____

☐ **Parent** ☐ **Guardian**

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 ☐ M ☐ T ☐ W

☐ Th ☐ F ☐ Sa ☐ Su

Do you travel for business? ☐ Yes ☐ No

How Often? _____

Cell Phone _____

Pager Number _____

Email _____

FAMILY PROFILE FORM - PART TWO

YOUR FAMILY

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

Other Children in Family

Name	D.O.B.	Gender	Resides With	Health	School	Grade

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Hospital Affiliation _____

Other adults living in home _____ Relationship _____

Kind of family pets _____ Name of pets _____

What languages are spoken in your home? _____

Is there a caregiver other than parents? ☐ Yes ☐ No Who? _____

Does this person live in child's home? ☐ Yes ☐ No How long has caregiver worked for family? _____

What activities does this person like to do with child? _____

Has your child ever been left with a sitter? ☐ Yes ☐ No How often? _____

Child's reaction to a sitter? _____

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

- | | |
|---|---|
| <input type="radio"/> Household Moves _____ | <input type="radio"/> Change in caregiver _____ |
| <input type="radio"/> Parental Job Changes _____ | <input type="radio"/> Death in Family _____ |
| <input type="radio"/> Parent Work Hours _____ | <input type="radio"/> Loss of Pet _____ |
| <input type="radio"/> New Baby _____ | <input type="radio"/> Other Loss _____ |
| <input type="radio"/> Serious Illness _____ | <input type="radio"/> Hospitalization _____ |
| <input type="radio"/> Operation _____ | <input type="radio"/> Accident _____ |
| <input type="radio"/> Serious Injury _____ | <input type="radio"/> Other _____ |
| <input type="radio"/> Parent Attending School _____ | |

What was child told about family changes? _____

How did they react? _____

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? _____

FAMILY PROFILE FORM - PART FOUR

PRENATAL & POSTNATAL

Did you have any illnesses or take medications during pregnancy? _____

Any complications with pregnancy/delivery? _____

Were you: ☐ Full term ☐ Premature Child's length at birth _____ Child's weight at birth _____

Complications after birth? _____

Did you have any anesthesia or medication during delivery? _____

Was child as baby ☐ Easy-going ☐ Active ☐ Colicky ☐ Other _____

GENERAL HEALTH

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

Yes No

☐ ☐ Allergies _____

☐ ☐ Vision _____

☐ ☐ Hearing _____

☐ ☐ Ear infections How often? _____ Fluid? ☐ Yes ☐ No

☐ ☐ Coordination _____

☐ ☐ Food Restrictions _____

☐ ☐ Eating Difficulties _____

☐ ☐ Constipation _____

☐ ☐ Diarrhea _____

☐ ☐ Seizures _____

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? _____

ROUTINES

General Separation

Is this your child's first infant/toddler or preschool experience? ☐ Yes ☐ No

If no, what was previous experience? _____ Where? _____

How long did they participate? Days/Week _____ Hours/Day _____

What was child's experience? _____

How did your child transition? _____

Why did experience end? _____

FAMILY PROFILE FORM - PART FIVE

ROUTINES (CONTINUED)

Do they: ☐ Fall asleep easily? Are there routines that help your child fall asleep? _____

☐ Use a bottle _____

☐ Use a pacifier _____

☐ Thumb suck ☐ Have nighttime fears _____

☐ Sleep in a crib _____

☐ Sleep in a bed How early retire? _____

☐ Sleep alone How early awake? _____

☐ Sleep with toy ☐ Still nap? What time/How long? _____

☐ Sleep with blanket _____

TOILETING

At what age did they? Start B.M. Training _____ Start bladder training _____

Method of training _____ Do they tell you ☐ Before ☐ After

Needs reminding to go: In the day ☐ Yes ☐ No At night ☐ Yes ☐ No

Do they mind using toilets outside the home? ☐ Yes ☐ No If "accident" what reaction? _____

EATING

Are mealtimes: ☐ Pleasant ☐ Difficult Please describe _____

How do you handle it? _____

What are your child's favorite foods? _____

What foods does your child dislike? _____

When do they usually get hungry? _____

How often does your child eat during the day? _____

DEVELOPMENT

At what age did they? *(If you can't recall the age but your child has mastered the skill, just check it.)*

Crawl _____ Walk _____ Point _____ Babble _____

Use Single Words _____ What were first words? _____

Use Phrases _____ What were first phrases? _____

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

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. _____

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? ☐ Yes ☐ 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:

- ☐ Summer Camps ☐ After School Recreation ☐ Sports/Swimming ☐ Adult Fitness
☐ Family Events ☐ Parent/Child Programs ☐ 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 dismissal from the program.

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/Ethnicity	School /Grade Level/ID#					
Last First Middle				Month/Day/Year								
Address Street City Zip Code				Parent/Guardian Telephone # Home Work								
IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for <u>every</u> 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		DOSE 2		DOSE 3		DOSE 4		DOSE 5		DOSE 6	
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP												
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> 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) <input type="checkbox"/> Measles* <input type="checkbox"/> Mumps** <input type="checkbox"/> Rubella <input type="checkbox"/> 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
Diagnosis of asthma?		Yes	No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)		Yes
Child wakes during night coughing?		Yes	No		Hospitalizations? When? What for?		Yes
Birth defects?		Yes	No		Surgery? (List all.) When? What for?		Yes
Developmental delay?		Yes	No		Serious injury or illness?		Yes
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.		Yes	No		TB skin test positive (past/present)?		Yes*
Diabetes?		Yes	No		TB disease (past or present)?		Yes*
Head injury/Concussion/Passed out?		Yes	No		Tobacco use (type, frequency)?		Yes
Seizures? What are they like?		Yes	No		Alcohol/Drug use?		Yes
Heart problem/Shortness of breath?		Yes	No		Family history of sudden death before age 50? (Cause?)		Yes
Heart murmur/High blood pressure?		Yes	No				No
Dizziness or chest pain with exercise?		Yes	No				No
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____				Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other			
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Information may be shared with appropriate personnel for health and educational purposes.			
Ear/Hearing problems?		Yes	No		Parent/Guardian Signature		
Bone/Joint problem/injury/scoliosis?		Yes	No		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 <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>							
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 <input type="checkbox"/> No <input type="checkbox"/>		Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/>		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 <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Read Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ Blood Test: Date Reported Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> 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		<input type="checkbox"/> Diagnosis of Asthma			Mental Health		
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> 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: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> INTERSCHOLASTIC SPORTS Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>							
Print Name		(MD,DO, APN, PA)			Signature		Date
Address					Phone		



Childhood Lead Risk Questionnaire

**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":

- re-evaluate at every well child visit or more often if deemed necessary

Child's name _____ Today's date _____

Age _____ Birthdate _____ ZIP Code _____

Respond to the following questions by circling the appropriate answer.

RESPONSE

- | | | | |
|---|-----|----|------------|
| 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 |

If there is any "Yes" or "Don't Know" response; and

- the child has proof of two consecutive blood lead test results (documented below) that are each less than 10 mcg/dL (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 needed at this time.

Test 1: Blood Lead Result _____mcg/dL Date _____ Test 2: Blood Lead Result _____mcg/dL Date _____

Signature of Doctor/Nurse

Date

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



Pediatric Lead Poisoning High-Risk ZIP Code Areas

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
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
	62567	61944		61085	61333	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	
	62420	62476	62313	62908	61769		62997	62624	62803
Bond	62442	62806	62316	62923		McHenry		62639	
62273	62474	62815	62318	Kane	60120	60034	Piatt		Wayne
	62477	62818	62321	60505	Logan		61813	Scott	62446
Boone	62478		62330		62512	McLean	61830	62621	62823
61038		Effingham	62334	Kankakee	62518	61701	61839	62663	62843
	Clay	None	62336	60901	62548	61720	61855	62694	62886
Brown	62824		62354	60910	62543	61722	61929		
62353	62879	Fayette	62367	60917	62635	61724	61936	Shelby	White
62375		62458	62373	60954	62643	61728		62438	62820
62378	Clinton	62880	62379	60969	62666	61730	Pike	62534	62821
	62219	62885	62380		62671	61731	62312	62553	62835
Bureau			Hardin	Kendall		61737	62314		62844
61312	Coles	Ford	62919	None	Macon	61770	62323	Stark	62887
61314	61931	60919	62982		62514		62340	61421	
61315	61938	60933		Henderson	62521	Menard	62343	61426	Whiteside
61322	61943	60936		61418	62522	62642	62345	61449	61037
61323	62469	60946		61401	62523	62673	62352	61479	61243
61328		60952		61410	62526	62688	62355	61483	61251
61329	Cook	60957		61414	62537		62356	61491	61261
61330	All Chicago	60959		61436	62551	Mercer	62357		61270
61337	ZIP Codes	60962		61439		61231	62361	Stephenson	61277
61338	60043	61773		61458		61260	62362	61018	61283
61344	60104			61467	Macoupin	61263	62363	61032	
61345	60153	Franklin		61474	62009	61276	62366	61039	Will
61346	60201	62812		61485	62033	61465	62370	61044	60432
61349	60202	62819	Henry	61489	62069	61466		61050	60433
61359	60301	62822	61234	61572	62085	61476	Pope	61060	60436
61361	60302	62825	61235		62088	61486	None	61062	
61362	60304	62874	61238	Lake	62093			61067	Williamson
61368	60305	62884	61274	60040	62626	Monroe	Pulaski	61089	62921
61374	60402	62891	61413		62630	None	62956		62948
61376	60406	62896	61419	LaSalle	62640		62963	Tazewell	62949
61379	60456	62983	61434	60470	62649	Montgomery	62964	61564	62951
	60501	62999	61443	60518	62672	62015	62976	61721	
Calhoun	60513		61449	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
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
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	
62611	61727	61531	60966		Marion	62628	62425	61831	
62618	61735	61542	60967	Lawrence	None	62631		61832	
62627	61749	61543	60968	62439	Marshall	62692	Rock Island	61833	
62691	61750	61544	60973	62460	61369	62695	61201	61844	
	61777	61563		62466	61377		61236	61848	
Champaign	61778		Jackson		61424	Moultrie	61239	61857	
61815	61882	Gallatin	62927	Lee	61537	61937	61259	61865	
61816		62934	62940	60553	61541		61265	61870	
61845	DeKalb		62950	61006		Ogle	61279	61876	
61849	60111	Greene		61031	Mason	61007		61883	
61851	60129	62016	Jasper	61042	62617	61030	St. Clair		
61852	60146	62027	62432	61310	62633	61047	62201	Wabash	
61862	60550	62044	62434	61318	62644	61049	62203	62410	
61872		62050	62459	61324	62655	61054	62204	62852	
	Douglas	62054	62475	61331	62664	61064	62205	62863	
	61930	62078	62480	61353	62682	61091	62220		
	61941	62081		61378			62289		
	61942	62082							
		62092							

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. Dependent on DCFS recommendations regarding outside facilitators, I understand that JCC Chicago may allow 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 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

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

REQUIRED

Receipt and Agreement to Policies

Please refer to documents 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

REQUIRED

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

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 Chicago Location _____

Name of Child's Program _____

Preferred Email Address _____

☐ Yes, I'd like to receive Journey, the weekly JCC Chicago Newsletter featuring community news and events for all ages.

Please subscribe me to this edition:

- ☐ Suburban: covering North, West and South Suburbs
- ☐ City: covering Chicago, Skokie, Evanston
- ☐ Both

☐ Yes, I'd like to receive Chai Life, the monthly JCC Chicago Newsletter covering arts and cultural events.

☐ No, I do not wish to subscribe at this time.

Print Name

Parent/Guardian Signature

Date

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

PLEASE READ CAREFULLY. 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

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 _____

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

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

Classroom Copy

2021-22

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

Office copy

2021-22

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