Dear 2022-23 Families,

We are so excited to have you as part of our JCC Chicago family during the 2022-23 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:

- 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
- 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, 2022.** 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 773.516.5881 Miriam Aberman, Director maberman@jccchicago.org

JCC CHICAGO EARLY CHILDHOOD AT BETH EMET 1224 Dempster Street Evanston, IL 60202 847.763.3571 Bree Movitz, Director bmovitz@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

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?	
○ 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?
Name 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? Occupation
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 Education Are there any health issues that you feel are important for us to know? Occupation Business Name Business Phone	Name Age Education Are there any health issues that you feel are important for us to know? Occupation Business Name Business Phone
Name Education Are there any health issues that you feel are important for us to know? Occupation Business Name Business Phone Business Address	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 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 O ThO FO SaO Su Do you travel for business? O Yes O No	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 Th O F O Sa O Su Do you travel for business? O Yes O No
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 Th O F O Sa O Su Do you travel for business? O Yes O No
Name Age Education	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 Th O F O Sa O Su Do you travel for business? O Yes O No How Often?
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 TO W O ThO FO SaO Su Do you travel for business? O Yes O No How Often?	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 Th O F O Sa O Su Do you travel for business? O Yes O No How Often? Cell Phone



YOUR FAMILY				
Marital Status of Parents		O Widowed/Date O Divorced/Date	_	
Other Children in Family	•			
Name D	D.O.B. Gender	Resides With Health	School	<u>Grade</u>
Child's Physician		Phone		
-		Phone		
		Relationship		
_		Name of pets		
What languages are spo	ken in your home?			
What languages are spo Is there a caregiver othe	ken in your home? r than parents? O Yes O			
What languages are spo Is there a caregiver othe	ken in your home? r than parents? O Yes O	No Who?		
What languages are spo Is there a caregiver othe Does this person live in a	ken in your home? r than parents? O Yes O child's home? O Yes O	No Who?	ed for family?	
What languages are spo Is there a caregiver othe Does this person live in o What activities does this	ken in your home? Than parents? O Yes O Child's home? O Yes O Person like to do with chi	No Who? No How long has caregiver worke	ed for family?	
What languages are spo Is there a caregiver othe Does this person live in o What activities does this Has your child ever beer	ken in your home? T than parents? O Yes O Child's home? O Yes O S person like to do with ching left with a sitter? O Yes	No Who? No How long has caregiver worke	ed for family?	
What languages are spo Is there a caregiver othe Does this person live in o What activities does this Has your child ever beer Child's reaction to a sitte	ken in your home? r than parents? O Yes O child's home? O Yes O s person like to do with chi n left with a sitter? O Yes er?	No Who?	ed for family?	
What languages are spo Is there a caregiver othe Does this person live in a What activities does this Has your child ever beer Child's reaction to a sitte Has your child experience	ken in your home? Than parents? O Yes O Child's home? O Yes O Sperson like to do with chin left with a sitter? O Yes Exer? Ced any of the following?	No Who? No How long has caregiver worke Id? O No How often?	ed for family?	
What languages are spo Is there a caregiver othe Does this person live in a What activities does this Has your child ever beer Child's reaction to a sitte Has your child experience O Household Moves	cken in your home? r than parents? • Yes • child's home? • Yes • r person like to do with chinal left with a sitter? • Yes er?	No Who?	red for family?	
What languages are spo Is there a caregiver othe Does this person live in a What activities does this Has your child ever beer Child's reaction to a sitte Has your child experience O Household Moves O Parental Job Changes	ken in your home? r than parents? • Yes • child's home? • Yes • responsible to do with child has a sitter? • Yes er?	No Who?	red for family?	
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What languages are spo Is there a caregiver othe Does this person live in o What activities does this Has your child ever beer Child's reaction to a sitte Has your child experience O Household Moves O Parental Job Changes O Parent Work Hours O New Baby	ken in your home? It than parents? O Yes O Child's home? O Yes O Sperson like to do with chi In left with a sitter? O Yes Ser? Ced any of the following? I	No Who?	red for family?	
What languages are spo Is there a caregiver othe Does this person live in a What activities does this Has your child ever beer Child's reaction to a sitte Has your child experience O Household Moves O Parental Job Changes O Parent Work Hours O New Baby O Serious Illness	ken in your home? T than parents? O Yes O Child's home? O Yes O S person like to do with chi In left with a sitter? O Yes Ser? Ced any of the following?	No Who?	red for family?	
What languages are spo Is there a caregiver othe Does this person live in o What activities does this Has your child ever beer Child's reaction to a sitte Has your child experience O Household Moves O Parental Job Changes O Parent Work Hours O New Baby O Serious Illness	ken in your home? It than parents? O Yes O child's home? O Yes O sperson like to do with chi n left with a sitter? O Yes er? It ced any of the following?	No Who?	red for family?	
What languages are spo Is there a caregiver othe Does this person live in a What activities does this Has your child ever beer Child's reaction to a sitte Has your child experience O Household Moves O Parental Job Changes O Parent Work Hours O New Baby O Serious Illness O Operation O Serious Injury	ken in your home? r than parents? • Yes • child's home? • Yes • r person like to do with chin left with a sitter? • Yes er? ced any of the following?	No Who?	red for family?	
What languages are spo Is there a caregiver othe Does this person live in a What activities does this Has your child ever beer Child's reaction to a sitte Has your child experience O Household Moves O Parental Job Changes O Parent Work Hours O New Baby O Serious Illness O Operation O Serious Injury O Parent Attending School	child's home? O Yes O child's home? O Yes O child's home? O Yes O sperson like to do with ching left with a sitter? O Yes o Yes or? O Yes or? O Yes or I yes ool O O O O O O O O O O O O O O O O O O	No Who?	r	



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: O Full term O Premature Child's length at birth Child's	s weight at birth
Complications after birth?	
Did you have any anesthesia or medication during delivery?	
Was child as baby O Easy-going O Active O Colicky O Other	
GENERAL HEALTH	
Were or are there any physical or medical factors of which we should be aware? If yes, please of	describe. (Required)
Yes No	
O O Allergies	
O O Vision	
O O Hearing	
O O Ear infections How often? Fluid?	? o Yes o No
O O Coordination	
O O Food Restrictions	
O O Eating Difficulties	
O O Constipation	
o o Diarrhea	
O O Seizures	
Does your child use adaptive equipment, medical or health equipment (tubes, glasses)? • Ye	
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/WeekHours	/Day
What was child's experience?	
How did your child transition?	
Why 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	
Thumb suck	O Have nighttime fears
Sleep in a crib	
Sleep in a bed	How early retire?
Sleep alone	How early awake?
Sleep with toySleep with blanket	O Still nap? What time/How long?
3 Sicep 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?
Are there any aspects	or your child's development that are or concern to you?
Because we believe th	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.
Does your child cu	rrently 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? ○ Yes ○ No
Which ones? With or without an adult?
Do they know other children coming to school? O Yes O 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?
DADENT/CHARDIAN CICNATURE
PARENT/GUARDIAN SIGNATURE Omission and/or falsification of any information required in this profile is grounds for immediate dismissal from the program.
Omission and/or faishication of any information required in this profile is grounds for infinediate dismissar 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/Grad			ol /Grade Level/ID#				
Last	First	Middle		Month/Day/Year						
Address Str	eet City	Zip Code		Parent/Guardian			Telenho	one # Home		Work
	S: To be completed by	er. Th		everv				ed. If		
medically contraind	licated, a separate wi	ritten statement mus	st be a	ttached by the						
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	□Tdap□Td□DT	□Tdap□Td□DT	□То	dap□Td□DT	□Td	ap□Td□	IDT	□Tdap□Td□	JDT	□Tdap□Td□DT
Pediatric DT (Check specific type)										
Polio (Check specific type)	□ IPV □ OPV	□ IPV □ OPV		IPV □ OPV		PV 🗆 C	PV		OPV	□ IPV □ OPV
Hib Haemophilus influenza type b										
Pneumococcal Conjugate										
Hepatitis B										
MMR Measles Mumps. Rubella					Com	ments:		* indicates in	valid o	dose
Varicella (Chickenpox)										
Meningococcal conjugate (MCV4)										
RECOMMENDED, B	UT NOT REQUIRED	Vaccine / Dose								
Hepatitis A										
HPV								1		
Influenza										
Other: Specify Immunization										
Administered/Dates										
	er (MD, DO, APN, Pa above immunization						above	immunization	histo	ry must sign below.
Signature				Title				Dat	e	
Signature				Title				Dat	e	
ALTERNATIVE P	ROOF OF IMMUNI	TY								
1. Clinical diagnosis copy of lab result. *MEASLES (Rubeola	s (measles, mumps, h) MO DA YR *	epatitis B) is allowed **MUMPS MO DA		n verified by pl HEPATITIS	•	in and su 10 DA	• •			nation. Attach 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		ature						Title		
	ence of Immunity (che diagnosed on or after			■Mumps** rmed by laborat		Rubella idence.		□ Varicella	Attacl	n copy of lab result.
	liagnosed on or after J									
Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: Physician Statements of Immunity MUST be submitted to IDPH for review.										

Last		First		Middle		Birth	Date Month/Day/ Year	Sex	School		Grade Level/ ID
HEALTH HISTORY			OMPLETE		ED BY PARENT	/GUAR	DIAN AND VERIFIED	BY HEA	ALTH C	ARE PRO	VIDER
ALLERGIES		List:				ME	DICATION (Prescribed or	Yes L	ist:		
(Food, drug, insect, other) Diagnosis of asthma? Child wakes during night	No No	ing?	Yes No			Los	s of function of one of parans? (eye/ear/kidney/testion		Yes	No	
Birth defects?	giit cougii	ilig!	Yes No			Ü	spitalizations?		Yes	No	
Developmental delay?			Yes No	,		Wh	en? What for?				
Blood disorders? Hem Sickle Cell, Other? Ex			Yes No	,			gery? (List all.) en? What for?		Yes	No	
Diabetes?	тр.ш		Yes No	,			ious injury or illness?		Yes	No	
Head injury/Concussion	on/Passed	out?	Yes No	,		TB	skin test positive (past/pro	esent)?	Yes		*If yes, refer to local health
Seizures? What are th	ey like?		Yes No			ТВ	disease (past or present)?		Yes	* No	department.
Heart problem/Shortne	ess of brea	ath?	Yes No	1		Tob	pacco use (type, frequency	7)?	Yes	No	
Heart murmur/High bl	•	ure?	Yes No				ohol/Drug use?		Yes	No	
Dizziness or chest pair exercise?			Yes No				nily history of sudden dear ore age 50? (Cause?)		Yes		
Eye/Vision problems? Other concerns? (cross				Last exam by	y eye doctor	_ Dei	ntal □ Braces □	Bridge	□ Plate	Other	
Ear/Hearing problems		oping nas,	Yes N				rmation may be shared with a	ppropriate	personnel	for health an	d educational purposes.
Bone/Joint problem/in	jury/scoli	osis?	Yes N	О			ent/Guardian nature				Date
PHYSICAL EXAM HEAD CIRCUMFEREN					re section belo		oe completed by MD WEIGHT BMI	/DO/A		RCENTILE	B/P
DIABETES SCREEN											History Yes No No No No No No No No No N
·		U			, , ,		· · · · · ·		,		☐ At Risk Yes ☐ No ☐ e, preschool, nursery school
and/or kindergarten. (ioned in neensed or pub	ile selloe	л орстан	d day care	e, preschool, nursery school
Questionnaire Admin					ated? Yes 🗖 1		Blood Test Date			Result	
TB SKIN OR BLOOI) TEST	Recommen	nded only for	children in high-	risk groups includi	ng child	ren immunosuppressed due tp://www.cdc.gov/tb/pul	to HIV in	fection or	other condi	tions, frequent travel to or born
No test needed		exposed to rformed [n Test: Dat		ies. <u>III</u>	Result: Positi		Negative		mm
	•	T	Blo	od Test: Dat	e Reported		Result: Positiv	ve 🗆 🗈	Negative		Value
LAB TESTS (Recommo]	Date		Results					Date	Results
Hemoglobin or Hema	tocrit						Sickle Cell (when indic				
Urinalysis SYSTEM REVIEW	Normal	Commo	nts/Follow-ı	m/Noods			Developmental Screenir	ng 1001 Normal	Comm	onto/Follo	w-up/Needs
Skin	Normai	Comme	its/F0110W-t	ip/iveeus			Endocrine	Normai	Comm	ents/F ono	w-up/iveeus
Ears				Screening l	Pacult:		Gastrointestinal				
											LMD
Eyes				Screening	Result:		Genito-Urinary				LMP
Nose							Neurological				
Throat							Musculoskeletal				
Mouth/Dental							Spinal Exam				
Cardiovascular/HTN							Nutritional status				
Respiratory				☐ Diag	nosis of Asthma		Mental Health				
Currently Prescribed A Quick-relief med Controller medic	dication (e	e.g. Short	Acting Beta				Other				
NEEDS/MODIFICA							DIETARY Needs/Restri	ctions			
SPECIAL INSTRUC	TIONS/I	DEVICES	e.g. safety g	lasses, glass eye	e, chest protector fo	or arrhyth	nmia, pacemaker, prosthetic	device, d	ental bridg	ge, false teet	th, athletic support/cup
MENTAL HEALTH					ald know about this personnel, check ti			☐ Counse	lor 🗆	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)?										
On the basis of the examine PHYSICAL EDUCA						RSCHO	(If No or Modif	•	e attach ex		ied □
Print Name						ignature					Date
Address				. /					Phone		



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":

_	re-evaluate at every well child visit or more often if deemed necessary			
Ch	nild's name	Today's d	ate	
Ag	ge Birthdate ZIP Code			
Re	espond to the following questions by circling the appropriate answer.		RES	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 construplumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)?	uction, 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.	(see reverse side of page for list)	Yes	No	Don't Know
•	there is any "Yes" or "Don't Know" response; and the child has proof of two consecutive blood lead test results (documented below the child has proof of two consecutive blood lead test results (documented below the child has been no change in the child's living conditions, a blood lead test is not been no change in the child's living conditions.	ow) that are each	n less th	
Tes	st 1: Blood Lead Resultmcg/dL Date Test 2: Blood Lead R	Resultmcg/	dL Dat	te

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

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	In Building	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 62567	61940	62859	61075	61313	61438	61605	Cabundar	61473
Aloxandor	62570	61944 61949	Hancock	61085 61087	61333 61740	61440 61470	61606	Schuyler 61452	61478
Alexander 62914	02370	01949	Hancock 61450	01007	61741	61475	Perry	62319	Washington
62988	Clark	Edwards	62311	Johnson	61743	62374	62832	62344	62214
02000	62420	62476	62313	62908	61769	02014	62997	62624	62803
Bond	62442	62806	62316	62923	61775	McHenry	0200.	62639	02000
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
	Clay	None	62336	Kankakee	62519	61720	61855	62694	62886
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
_	62219	62885	62380	60969	62666	61731	62312	62553	62835
Bureau			Hardin		62671	61737	62314		62844
61312	Coles	Ford	62919	Kendall		61770	62323	Stark	62887
61314	61931	60919	62982	None	Macon	Manand	62340	61421	\A/la:4aa:ala
61315 61322	61938 61943	60933 60936	Henderson	Knox	62514 62521	Menard 62642	62343 62345	61426 61449	Whiteside 61037
61323	62469	60946	61418	61401	62522	62673	62352	61479	61243
61328	02403	60952	61425	61410	62523	62688	62355	61483	61251
61329	Cook	60957	61454	61414	62526	02000	62356	61491	61261
61330	All Chicago	60959	61460	61436	62537	Mercer	62357	01431	61270
61337	ZIP Codes	60962	61469	61439	62551	61231	62361	Stephenson	61277
61338	60043	61773	61471	61458	02001	61260	62362	61018	61283
61344	60104		61480	61467	Macoupin	61263	62363	61032	
61345	60153	Franklin		61474	62009	61276	62366	61039	Will
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	
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
	60501	62999	61468	60518	62672	62015	62976	61721	
Calhoun	60513		61490	60531	62674	62019	62992	61734	Winnebago
62006	60534	Fulton	In a second of	61301	62685	62032	D. t	United	61077
62013	60546	61415	Iroquois	61316	62686	62049	Putnam	Union	61101
62036	60804	61427	60911	61321	62690	62051	61336	62905	61102
62070	Crowford	61431	60912	61325	Madiaan	62056	61340	62906	61103 61104
Carroll	Crawford 62433	61432 61441	60924 60926	61332 61334	Madison 62002	62075 62077	61363	62920 62926	01104
Carroll 61014	62449	61477	60930	61342	62048	62089	Randolph	02920	Woodford
61051	62451	61482	60931	61348	62058	62091	62217	Vermilion	61516
61053	02431	61484	60938	61354	62060	62094	62242	60932	61545
61074	Cumberland	61501	60945	61358	62084	62538	62272	60942	61570
61078	62428	61519	60951	61364	62090	02000	022.2	60960	61760
0.0.0	02.120	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		62692	Rock Island	61833	
62691	61750	61544	60973	62460	Marshall	62695	61201	61844	
	61777	61563		62466	61369		61236	61848	
Champaign	61778		Jackson		61377	Moultrie	61239	61857	
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	
61851	60129	62016	Jasper	61042	Mason	61030	St. Clair		
61852	60146	62027	62432	61310	62617	61047	62201	Wabash	
61862	60550	62044	62434	61318	62633	61049	62203	62410	
61872	Daniel	62050	62459	61324	62644	61054	62204	62852	
	Douglas 61020	62054	62475	61331	62655	61064	62205	62863	
	61930	62078	62480	61353	62664	61091	62220		
	61941 61942	62081		61378	62682		62289		
	01342	62082 62092							
		32032							



Program Permission Form

1.	I give permission for my child	to receive appropriate
	medical attention from JCC Chicago staff, such as first aid, C	CPR, Heimlich maneuver, etc., or, if it is
	determined that my child needs immediate professional med	dical care, I authorize JCC Chicago to
	transport them to the nearest emergency hospital. Parents w	vill be contacted immediately. I understand
	that I will be responsible for all of his/her expenses in relation	· · · · · · · · · · · · · · · · · · ·

- 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 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



Authorization for Pick-up

Parent/Guardian Nam	ne			
Work Phone	Home Ph	none	Cell Phone	
Parent/Guardian Nam	ne			
Work Phone	Home Pl	none	Cell Phone	
special circumstance	ly those individuals liste es arise, parents will pro That person should be p	vide written instruc	tions for releas	e of the child to
Name	Address	Relationship	Work Phone	Home Phone
1		<u>.</u>		
Name 1 2 3	y and I cannot be reache Address	Relationship		Home Phone
	n the following people			
Name 1 2	Address		Work Phone	Home Phone
Name 1 2 3	Address		Work Phone	Home Phone
2 3	Address		Work Phone	Home Phone
Name 1 2 3	Address		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
	Name of Child
Please fil	ll out the appropriate information below and provide your signature and date signed.
0	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.
О	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.
О	I/We hereby certify that I/we have received and read the ILDCFS Summary of Licensing Standards for Day Care Centers.
0	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 N	ame
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	
☐ Yes, I'd like to receive Journey, the weekly JCC Chicago Newsletter featuring commews and events for all ages.	nunity
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 cultural events.	and
☐ 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 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

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 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 Chicago.	employees and/or duly authorized agents
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 administering of said medication.	ever release, discharge, hold harmless and es and duly authorized agents of and from liabilities or responsibilities of whatsoever
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.

Ch	ild's Name	Home Phone
gu wh	e undersigned hereby acknowledges and rardian or person legally responsible for wile they are under the supervision of the praicago.	epresents that they are the parent, legal ograms sponsored and operated by JCC
en sui	e undersigned further acknowledges that to a ployees and/or duly authorized agents addescreen or insect repellent topervision of JCC Chicago.	minister or assist in administering
an ha ag res	ow, in consideration of the administering or d/or insect repellent, the undersigned does rmless and agree to indemnify JCC Chicag ents of and from any and all claims, deman sponsibilities of whatsoever kind or nature, ministering or assistance in administering of	o, its employees and duly authorized ds, suits, actions and liabilities or arising out of or in connection with the
Wi	ll you be providing?	
0	Sunscreen–Name brand	
0	Insect repellent–Name brand	
	Print Name	
	Parent/Guardian Signature	Date

Emergency Information

2022-23

Emergency Information

Office copy

Cell Phone

2022-23

Classroom Copy

Child's Name			
	Program		
Address			
	Zip		
Email			
	ace asterisk next to preferred phone number		
#1 Name			
Work Phone	Home Phone		
Cell 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

Other Significant Medical Info _____

Relative or Friend Alternative

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.

Parent(s)/Guardian(s) please place asterisk next to preferred phone number

Work Phone ______ Home Phone _____

Work Phone ______ Home Phone _____

Pediatrician _____Phone ____

Medication_____Hospital _____

__Phone ___

__Phone _____

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.

Emergency	Authorization
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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	

Signature Parent/Guardian
Date