

**JEFFERSON PARISH PUBLIC SCHOOLS
2022-2023 SCHOOL BASED CHILD CARE
REGISTRATION AND HEALTH INFORMATION**

DATE: _____	AMOUNT PAID: _____
SITE: _____	DATE PAID: _____
	Registration check #: _____

Child's Name: _____ Date of Birth: _____ Sex: _____ Age: _____ Grade: _____

Home Address: _____ City: _____ State: **LA** Zip: _____

Mother/ Guardian _____	Cell Phone: _____	Home Phone: _____	Work Phone: _____
Father/ Guardian _____	Cell Phone: _____	Home Phone: _____	Work Phone: _____

CHILD CARE MAY CALL THE FOLLOWING IF I CAN NOT BE REACHED:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Doctor _____	Phone _____	
Hospital _____	Phone _____	

PLEASE NOTE THAT YOUR CHILD WILL NOT BE RELEASED TO ANYONE OTHER THAN THOSE LISTED ABOVE.

EMERGENCY PARENTAL PERMISSION: In case of injury or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the doctor indicated above and to follow his/her instructions. If it is impossible to contact this doctor, the school may make whatever arrangements are necessary. _____ Please initial _____

HEALTH INFORMATION: Please circle yes or no if any of the following pertains to your child.

MY CHILD HAS/IS:

Allergies	yes *	no	* If yes please list: _____	
Blind/Partial Sight	yes	no	REQUIRES MEDICATION:	yes * no
Confined to wheel chair	yes	no	Asthma	yes no
Diabetes	yes	no	Cerebral Palsy	yes no
Epilepsy	yes	no	Deaf /Hard of Hearing	yes no
Muscular Dystrophy	yes	no	Severe speech problems	yes no

* If student is required to take medication during Child Care the proper paper work must be completed and reviewed by the nurse before the student can start the Child Care program. See Director for paper work.

Special Education Classification: _____ Other medical problems: _____

CHILD CARE FEES:	NO CASH ACCEPTED/NO REFUNDS/NO CREDITS	My Child will attend: (Circle one)
REGISTRATION: \$ 20.00 (No Emp. Discount)	CHILD CARE FEES: \$20.00 A.M. \$35.00 P.M. \$55.00 A.M. & P.M.	AM Care PM Care AM & PM Care
DROP IN FEES: \$4.00 per child drop in A.M. \$7.00 per child drop in P.M. \$11.00 per child drop in A.M. & P.M.	All Current Jefferson Parish Public School System Employees will receive a 10% Discount for their children. Proof of employment must be given at registration.	

HOLIDAY CARE: FULL DAY \$25.00 1/2 DAY \$15.00 When available. Student must be registered in Child Care to attend.

CHILD CARE REGULATIONS: PLEASE READ THE FOLLOWING & THE CHILD CARE PARENT HANDBOOK

- Your child will be released only to persons listed on this registration form.
- All tuition is due on the first school day of the week. A penalty fee of \$5.00 per day/per family will be charged for all late payments including drop-in fees. **If payment is not received by Friday, the student(s) may not attend until payment is made.**
- Child care payments are to be made online at www.jpschools.schoolcashonline.com**
- All checks and money orders must be made payable to the school.
- Any NSF checks must be cleared with the school account clerk with a fee of 25.00. Name, address, child's name and phone number must be on all checks.
- A late fee is collected for children picked up after 6 p.m. closing. (\$1.00 for each additional minute) FEES ARE PER FAMILY. After 3 occurrences, your child may be dismissed from the Child Care Program.
- No child care will be provided on early release days.
- Discipline problems may result in dismissal from the Child Care Program.
- A charge of \$15.00 is required for additional copies.
- Parent can pay weekly fees online at www.jpschools.schoolcashonline.com, processing fee is included with online price.

I HAVE READ THE ABOVE LISTED CHILD CARE REGULATIONS, RECEIVED A COPY OF THE CHILD CARE PARENT HANDBOOK AND UNDERSTAND MY RESPONSIBILITY TO THE PROGRAM.

Parents/Guardians Signature _____

Date _____

ACKNOWLEDGMENT / MEDIA RELEASE

Jefferson Parish Schools
Child Care
Parent & Student Procedures and Policies

ACKNOWLEDGMENT

We hereby acknowledge that we have read the Child Care Procedures and Policies for Parents and Students.

We agree that _____ will be held accountable for all rules and regulations.
Child(ren) Name(s)

Student's Signature

Date

Parent/Guardian Signature

Date

MEDIA RELEASE

Parent please initial:

_____ My permission is **given** for my child(ren) to be photographed for the newspaper, television, and the JPS Web page.

_____ My permission is **NOT GIVEN** for my child(ren) to be photographed for the newspaper, television, and the JPS Web page.

Parent/Guardian Signature

***NOTE:**

PARENT MUST RETURN THIS FORM TO THE CHILD CARE SITE DIRECTOR PROPERLY SIGNED WITHIN ONE WEEK.

Dear 22-23 Childcare Parents,

Every now and then we will show movies in childcare. We usually try and show G movies, but some of the popular movies today are PG. For example, Frozen, Stuart Little, Inside Out, Big Hero 6, Planes, Brave, etc. We will always try to watch a G rated movie, but the children sometimes do not want to watch them and want to see the newer movies.

If you will allow your child to watch a PG movie in childcare, please fill out the form below and we will keep it on file for the rest of the school year.

Thank you,

Tina Guidry, Childcare Director

I, _____, give my child/children,

_____ permission to watch a PG movie in childcare.

Parent's Signature _____ Date _____