



JFH Educational Academy West

Jolly Fun House Playschool West • Jolly Fun Day Camp West

1001 Oak Avenue • Prospect Heights, IL 60070-1072
Phone: (847) 541-5577 • Fax: (847) 541-3834
http://JFHAcademy.com • E-mail: info@JFHAcademy.com

REGISTRATION FORM

PLEASE PRINT

Date of Birth____/____/____ M/F_____

Student's Name:_____ Home Tel.()_____-_____

Address:_____ City:_____ Zip:_____

Elementary School Your Child Attends_____ Grade-Fall_____

Ethnic Group: White Black Hispanic/Latino Asian American Indian/Alaskan Native
Native Hawaiian or Other Pacific Islander (PI)

Family Email Address: _____ Mom Cell () _____ Dad Cell () _____

Mother's Name:_____ SS#_____-_____-_____ Home Tel.()_____-_____

Address:_____ City:_____ Zip:_____

Company Name:_____ Address:_____ City:_____

Occupation:_____ Hours:_____ Days:_____ Work Tel.()_____-_____

Father's Name:_____ SS#_____-_____-_____ Home Tel.()_____-_____

Address:_____ City:_____ Zip:_____

Company Name:_____ Address:_____ City:_____

Occupation:_____ Hours:_____ Days:_____ Work Tel.()_____-_____

Marital Status: Married Separated Divorced Widowed Single Parent Remarried

Legal Guardian Parents Above: Yes No If No, Please Print primary name:_____

Emergency Contacts to call other than parents (minimum of two) in case of necessity, and are authorized to receive child:

Name: _____ Relationship: _____ Hm. Tel.()_____-_____ Wk. Tel.()_____-_____

Address: _____ City: _____ IL Zip: _____

Name: _____ Relationship: _____ Hm. Tel.()_____-_____ Wk. Tel.()_____-_____

Address: _____ City: _____ IL Zip: _____

Name: _____ Relationship: _____ Hm. Tel.()_____-_____ Wk. Tel.()_____-_____

Address: _____ City: _____ IL Zip: _____

Names of other individuals authorized to receive your child: _____

Child's Physician: _____ City: _____ Tel.()_____-_____

I will bring my child to school approximately: _____ a.m. I will pick up my child approximately: _____ p.m.

FOR JFH GRADE SCHOOL ONLY: Academic Only (8:30-3:30) Extended Hours (Full Service)

OVER →

Has your child attended school before? Yes No School: _____ Date ____/____/____

Does mother work now? Yes No Has she worked before? Yes No

If yes, who cared for the child: _____

Has your child ever been separated from both parents? Yes No If yes, who cared for the child? _____

Other children in family? Yes No If yes, list name and ages: _____

If parents are divorced/separated, does he/she see the child? Yes No

If yes, does he/she see the child: Regularly Occasionally Seldom

Special considerations of child? Ex. Lactose Intolerant _____

Parent evaluation of child's personality: _____

Specific goals I have for my child are: _____

Parents, please tell us how you heard of our school: _____

Recommended by: _____ Tel.Book: AT&T Yellow Pages Internet

Reason for choosing our school: _____

PARENTS PLEASE READ AND SIGN

I hereby give my consent and authorize the Jolly Fun House Playschools - JFH Educational Academy Inc., as long as my child, my children, or children under my guardianship are enrolled therein, to first contact emergency medical services or to take such children to the hospital or any medical center, for emergency medical care or treatment in the case of sudden illness or accident. I agree to bear the cost, if any, of such necessary emergency care.

Also, I hereby give permission for the above named child to be taken from the school premises for extra activities such as field trips, picnics, walks, etc. I also give permission for my child to travel by school approved transportation. I understand that the school will take candid pictures/videos of all children, unless requested otherwise. The pictures/videos will be incorporated into our annual music concert, and may be used for advertising purposes. The school reserves the right to discontinue children at any time, at the discretion of the administration.

Your child will be attending our: Chicago School Norridge School Prospect Heights School
7559 W. Addison St. 7642 W. Irving Pk Rd. 1001 Oak Ave.

I have read and understood Jolly Fun House Playschools - JFH Educational Academy, Inc.'s policies and regulations, and agree to comply with them. I have received the parent handbook: Yes No

Signature of Parent or Guardian _____ **Date** ____/____/____

OFFICE USE ONLY

Date of Admittance ____/____/____

Date of Discontinuance ____/____/____

\$ _____ Annual Educational Materials Fee. Wait list: Yes No Tentative Start Date ____/____/____

\$ _____ First weeks tuition. Receive IDHS: Yes No

\$ _____ Last weeks security deposit. IDHS Expiration Date: ____/____/____

\$ _____ Total Received: Check Number _____ Cash Credit Card Date Received ____/____/____

Program child is registered _____ Class _____ TR UT