

You must use this checklist: incomplete forms go to the bottom of the wait list.

New students only_____

New student registration pages 1 and 2

_____ A current immunization form MUST be included with your registration. Forms which expire during the school year must be renewed or the student will be excluded from attendance per state regulations. JLC does not accept any exemptions to its vaccination requirements.

_____ **non-refundable** registration fee of \$150

_____ I will enroll in FACTS no later than August 15. Parents who are not enrolled by this date will be required to pre-pay a specific amount of tuition in order to have completed all tuition payments by the end of May.

_____ a sample Financial Responsibility Form is attached for your information. All parents will receive a final copy at Parent Night which will note the full amount due. These must be signed and returned to JLC to complete the enrollment process.

Current students only

_____ current immunization form if not already on file

_____ Forms which expire during the school year must be renewed or the student will be excluded from attendance per state regulations. JLC does not accept any exemptions to its vaccination requirements

_____ non-refundable registration fee of _____ if submitted between Jan. 1 and Jan. 31 of the current school year (This discounted registration fee applies ONLY to current students. All new students pay the \$150 registration fee.)

_____ non-refundable fee of \$150 if submitted Feb. 1 or later of the current school year

_____ PRE-REGISTRATION FORM for students returning for a second year

_____ My FACTS account will be renewed by August 15.

PLEASE COMPLETE FOR MARKETING PURPOSES.

_____ Another child attended JLC

_____ Referral: name of family _____

_____ Signs: location _____

_____ Church bulletin: parish _____

_____ Advertisement: which media? _____

_____ Google search

Other _____

New student REGISTRATION page 1

For school year _____ Child's name _____ DOB _____ sex _____

Parent/guardian name(s) _____ religion _____

Address _____ City _____ zip _____

Parent work place(s)

Father's place of employment _____

work phone _____ home/cell phone _____

Mother's place of employment _____

work phone _____ home/cell phone _____

Name and phone number of the preschool or day care your child attended last year
_____ phone _____

Your child must be at least 3.5 years of age and completely toilet trained to attend JLC. See the JLC handbook for our definition of toilet training. Children who do not meet our criteria for toilet training will have their acceptance for enrollment postponed.

Children who will not be 4 years old by October 1 of the current school year MAY be admitted at the discretion of the administration and MAY be subject to an additional fee to cover staffing as required by the state license. Final acceptance is at the discretion of the school.

Check the program you would like to register for and circle the days.

_____ AM between the hours of 7 and 12:30 ONLY

on M T W TH F (Three Day Minimum)

_____ FULL DAY , available from 7am – 5:45 pm

on M T W TH F (Three Day Minimum)

There is a \$150 fee to switch programs/days of attendance once the school year has begun.

A non-refundable registration fee of \$150 must be submitted with this paperwork. Mail to Julie Learning Center, 1601 Dixie Hwy., Park Hills, KY 41011.

Signature _____ date _____

Parent email(please print clearly) _____

JLC communicates through email.

FOR OFFICE USE ONLY (general registration packet)

Registration fee received _____ check # _____

New Student REGISTRATION continued, page 2

Medical information – a separate medical form which is taken on all field trips is given to parents at Parent Information Night in August

Child's name _____

Known allergies _____

An allergy plan MUST be on file for any student with a known allergy before the student can be in attendance. Allergy plan forms are given to parents after the child is accepted for enrollment.

Chronic medical conditions, if any _____

Regular medication(s), if any _____

Child's health care provider _____ phone _____

I understand that Julie Learning Center will call 911 in the event of an emergency and that EMT personnel will determine the hospital destination. If prudent and possible, I request that the life squad transport my child to _____

Names and phone numbers of adults who can be reached in the case of emergencies. We will always make the initial call to the first person listed. Others will be contacted if we are unable to reach that person.

Name _____ phone 1 _____ phone 2 _____

Name _____ phone 1 _____ phone 2 _____

Name _____ phone 1 _____ phone 2 _____

Name _____ phone 1 _____ phone 2 _____

I appoint Julie Learning Center or its agents as my attorney in fact to act for me and my behalf, in any way that I would act if I were personally present with respect to injury, illness, or medical emergency. I understand that the agents of Julie Learning Center will make a reasonable attempt to contact me as soon as possible in an emergency

Signature _____ date _____

This form is given to current, eligible students in January. Others do not need to fill out and submit.

PRE-REGISTRATION for students returning for a second year

Your child is eligible for another year of preschool and is invited to reapply for a second year of attendance at JLC.

For school year _____
Child's name _____ DOB _____ sex _____
phone _____
Address _____ City _____ zip _____
Parent/guardian name(s) _____

Check the program you would like to register for and CIRCLE the days of attendance.

_____ AM between the hours of 7 and 12:30 ONLY
on M T W TH F (Three Day Minimum)
_____ FULL DAY , available from 7am – 5:45 pm
on M T W TH F (Three Day Minimum)

There is a \$150 fee to switch programs/days of attendance once the school year has begun.

A nonrefundable registration fee of ___ for a child returning to JLC for a second year must accompany this form. Beginning Feb. 1, the registration fee is \$150 – no exceptions are made.

Please make check payable to Julie Learning Center and return to Director, 1601 Dixie Hwy., Park Hills, KY 41011. DO NOT ENCLOSE CASH.

Parent email (please print clearly) _____

JLC communicates through email.

FOR OFFICE USE ONLY

Registration fee received _____ check # _____

Child is accepted yes no

JLC Behavioral Information Form

New Students Only

Child's name _____ sex _____

What preschool did your child attend last year?

If not in pre-school , please specify

_____ at home with parent or nanny

_____ in an in-home day care with _____ other children

Does your child have separation anxiety? How does it manifest itself?

Is your child ordinarily compliant with reasonable, adult requests? If not, how do you handle those situations?

Does your child have/use... (check all that apply)

_____ cell phone

_____ iPad with parent supervision

_____ possession of iPad without parent supervision

_____ desktop computer

_____ television in bedroom

Explain what your child does when s/he is frustrated, overwhelmed, tired, angry, resistant to requests, or not the center of attention.

Does your child throw tantrums? How long do they last? How do you handle these?

How long does it take your child to return to acceptable behavior?

Has your child ever seen, or does your child currently see a professional provider for chronic medical or behavioral reasons? Explain.

Signature of both parents _____

_____ date _____

It is the expectation of Julie Learning Center that parents will respond truthfully to these questions. JLC does not have special education teachers on staff who can interact one on one with a child who has difficulties that manifest themselves in tantrums, nor do we have additional teachers on staff who can remove the child from the classroom and remain with him or her until calm. Therefore, understand that frequent tantrums, anti-social behavior, or a child's refusal to follow procedures put into place for the comfort and safety of our children will be withdrawn from the program. The decision of the administrator is final.



JULIE LEARNING CENTER
SCHOOL ACTIVITY / FIELD TRIP
TWO YEAR FORM
Parental/Guardian Consent Form and Liability Waiver

Dear Parent(s)/Guardian(s):

Your son or daughter is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the supervision of employees of Julie Learning Center, and this form .

The following is a brief description of the activity: **an off-site field trip noted on labels**

Curriculum Goal: **to meet a particular benchmark and/or standard as noted on the back of this form**

Destination: **as noted on the back of this form** members as necessary for ratio and/or destination requirements

If volunteers are needed, we will send a separate notification to all parents. VIRTUS compliance is mandatory.

Date/Time of Departure and return: **as noted on the back**

Method of Transportation: **school bus – St. Agnes vehicle and driver**

Signature/approval of administrator **prepared electronically by Marv Hedger**

If you would like your child to participate in these activities **for the entire period of enrolment at JLC**, please complete and sign the following statement of consent and release of liability. (As parent or legal guardian, you remain fully responsible for any legal liability that may result from any personal actions taken by the named student.) (As a student, you remain subject to any disciplinary action that may result from personal actions that are not in compliance with the rules of the school.)

I hereby request that my child, _____, be permitted to participate in the activity(ies) described above **for as long as my child is enrolled.** I understand that this activity will take place away from the school grounds, that the school will arrange transportation and that my Child will be under the supervision of the designated school personnel. I further understand that this is a voluntary activity and my Child, and I on behalf of my child, elect to participate in spite of the potential risks. I release and agree to indemnify Julie Learning Center and the Sisters of Notre Dame, Park Hills, Ky. both individually and as trustee, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, costs, and expenses, including attorney’s fees arising out of any injury or illness incurred by my Child participating in or traveling to or from the activity and further agree not to bring or prosecute or allow to be brought or prosecuted in my name, or on behalf of my child, any claims, lawsuits, or actions against the Julie Learning Center and the Sisters of Notre Dame, Park Hills, Ky., and their representatives as listed above. I consent to the conditions for participation in this activity, including the method of transportation.

I recognize that I remain fully responsible for any legal liability resulting from personal action by my child.

Witness my signature on (date) _____

Parent /Guardian _____

Emergency Phone Number _____

If my child _____ does not attend on the designated field trip day, the school will notify me so that I can switch out an attendance day.

Signature _____ date _____

JULIE LEARNING CENTER
SCHOOL ON SITE ACTIVITY / FIELD TRIP
TWO YEAR FORM
Parental/Guardian Consent Form and Liability Waiver

Dear Parent(s)/Guardian(s):

Your son or daughter is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the supervision of employees of Julie Learning Center, and this form .

The following is a brief description of the activity: on site activities

Curriculum Goal: outdoor education program

Destination: campus and SND grounds and buildings

Date/Time of Departure and return: during the period of your child's enrollment at JLC

Method of Transportation: walking

Signature/approval of administrator prepared electronically by Mary Hedger

If you would like your child to participate in these activities for the entire period of enrolment at JLC, please complete and sign the following statement of consent and release of liability. (As parent or legal guardian, you remain fully responsible for any legal liability that may result from any personal actions taken by the named student.) (As a student, you remain subject to any disciplinary action that may result from personal actions that are not in compliance with the rules of the school.)

I hereby request that my child, _____, be permitted to participate in the activity(ies) described above for as long as my child is enrolled. I understand that this activity will take place away from the school grounds, that the school will arrange transportation and that my Child will be under the supervision of the designated school personnel. I further understand that this is a voluntary activity and my Child, and I on behalf of my child, elect to participate in spite of the potential risks. I release and agree to indemnify Julie Learning Center and the Sisters of Notre Dame, Park Hills, Ky. both individually and as trustee, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, costs, and expenses, including attorney's fees arising out of any injury or illness incurred by my Child participating in or traveling to or from the activity and further agree not to bring or prosecute or allow to be brought or prosecuted in my name, or on behalf of my child, any claims, lawsuits, or actions against the Julie Learning Center and the Sisters of Notre Dame, Park Hills, Ky., and their representatives as listed above. I consent to the conditions for participation in this activity, including the method of transportation.

I recognize that I remain fully responsible for any legal liability resulting from personal action by my child.

Witness my signature on (date) _____

Parent /Guardian _____

Emergency Phone Number _____

If my child _____ does not attend on the designated field trip day, the school will notify me so that I can switch out an attendance day.

Signature _____ date _____

FOOD AND DRINK AUTHORIZATION

As the parent or legal guardian of _____, I acknowledge that Julie Learning Center must comply with the food and drink components provided in 922 KAR 2:120. I hereby authorize Julie Learning Center to provide my child with the food and drink components necessary to comply with 922 KAR 2:120 and, at its discretion, to substitute food and drink components with an alternative that meets the same component requirement. I acknowledge and agree that it is my responsibility as a parent to ensure that the nutritional needs of my child are met when I elect to pack a lunch and/or snacks for my child. To the extent that I pack a lunch and/or snacks for my child, I am solely responsible for the nutritional contents, including providing my child with milk, grains, meat or meat alternatives, fruits and vegetables. Unless I specify otherwise, my child has the choice to consume portions of the milk and food I provide in a packed lunch during snack time. I permit Julie Learning Center to display my child's name, nutritional needs, allergies, and dietary restrictions in the lunchroom and other appropriate locations within the Julie Learning Center. This authorization shall remain in effect for as long as my child is enrolled at Julie Learning Center unless I provide written revocation.

Parent Signature _____

Parent Name (printed) _____

Date _____

MARKETING AUTHORIZATION

As the parent or legal guardian of _____, I hereby authorize Julie Learning Center to photograph and videotape my child for promotional and marketing purposes. Julie Learning Center may use photographs and videos of my child that do not identify my child's full name or age. I authorize Julie Learning Center to use the photographs and/or videos in any manner Julie Learning Center deems appropriate, including, but not limited to: on its website, social media accounts, and other electronic media; in pamphlets, brochures, and other printed materials; and on signs, posters and other promotional materials. I further authorize Julie Learning Center to share photographs and videos with the Sisters of Notre Dame of the United States (SND USA) for use in its marketing and promotional materials. This authorization shall remain in effect unless I provide written revocation.

Parent Signature _____

Parent Name (printed) _____

Date _____

I have read the Julie Learning Center handbook and agree to abide by the requirements and code of behavior **for as long as my child is enrolled.**

Child's name _____

Signature of parent or guardian _____
date _____

A regularly scheduled emergency drill is being conducted. No admittance is permitted at this time; please wait on the porch until the children return to the regular classroom area.

If this is a real emergency, please listen to your local news source for reunification plans.

Evacuation point : Von Lehman building

Triage/treatment/transportation area:

Lookout Corp Center parking lot

Family reunification Center:

Lakeside Christian Church

(you must bring identification)

*FBI for
drills.*