



**Application
2025-2026**

Child's Name: _____ Gender: _____ Male _____ Female

Address: _____

Date of Birth: _____

Parent/Guardian's Name:	Home Address:	Phone Number:	Work Address:	Work Phone Number:
1)				
2)				

Emergency Contacts:

1. Name: _____ Telephone (c) _____ (w) _____
Last First

Address: _____
Street/Apt. # City State Zip Code

2. Name: _____ Telephone (c) _____ (w) _____
Last First

Address: _____
Street/Apt. # City State Zip Code

I authorize JayDee's Academy to release my child to the emergency contacts listed above if a custodial parent is not available.

Parent Signature: _____

Date: _____



Micro-School Letter of Intent

Student's Name: _____

Student's Address: _____

Child's Date of Birth: _____ Age: _____

Grade Child is Entering: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

My child, _____, will be enrolled in JayDee's Academy microscool for the 2025-2026 school year. My child will receive instruction in reading/language arts, mathematics, science, and social studies. I agree that my child will be assessed annually by submitting a portfolio of my child's work samples to a certified teacher with a written narrative of my child's progress, needs for improvement, and remediations.

Parent Signature

Date

Director's Signature

Date



Academy Photo/Video Permission

Opportunities may arise that your child may be photographed or videotaped for publication during their time as a student at JayDee's Academy. We understand that for various reasons, you may not want your child to participate. In order to honor your request, we ask that you check the appropriate spaces below indicating whether or not you would like for your child to take part in these photo/video opportunities.

****Note**** Even if photo/video permission is granted, we will not use children's last names in publications.

Child's Name: _____

Please indicate photo/video permission for the following:

YES	NO	
_____	_____	Television Commercials
_____	_____	Academy advertising in the newspaper
_____	_____	Academy events covered by the newspaper
_____	_____	Academy events covered by television
_____	_____	JayDee's Facebook page
_____	_____	JayDee's Website
_____	_____	Academy Monthly Newsletter
_____	_____	Brightwheel

Parent Signature: _____

Date: _____



Sunscreen Permission Form

JayDee's Academy strives to care for and teach the whole child. It is important to instruct them about how to protect their skin from the sun's harmful rays. In order to protect the skin of our students, we are asking that you send in a bottle of sunscreen in its original container in a baggie labeled with your child's name on it. The sunscreen will remain at JayDee's Academy for the duration of the spring-summer months.

Please sign this permission form so our staff may apply the sunscreen on your child. If you would rather apply sunscreen on your child at home, please use a 12 hour formula so that they remain protected throughout the day. Please indicate below if you will apply the sunscreen at home prior to dropping off your child or wish for us to do so here.

Hats are also another great way to protect your child from the harmful rays of the sun. We recommend that you send in a hat as well. Please label the hat with your child's name.

Child's Name: _____

Class: _____

- I give permission for JayDee's Academy staff to apply sunscreen to my child while attending the Academy. I understand that it is my responsibility to supply the sunscreen in its original container and labeled in a baggie with my child's name on it.

- I will apply sunscreen to my child prior to dropping him/her off at JayDee's Academy.

Parent's Name (printed)

Date

Parent's Signature

For Child Care

Notification Request Form

Pesticide Levels 3 and 4

Level 3 EPA Caution (crack & crevice treatments)

Level 4 EPA Warning or Danger (broadcast spraying and fogging)

Do you as a parent or legal guardian wish to be informed at least 24 hours in advance of the application of Level 3 or 4 pesticides in your child's child care center/facility?

Please mark the appropriate box and return to the director:

- Yes
- No

A notice will be available 24 hours in advance of pesticide application. The notice will be placed at the register where you sign your child into the center each day.

Child's Name _____

Parent or Guardian's Name _____

Address _____

City State Zip _____

Phone _____



Consent, Release and Waiver of Liability

Participant's Name: _____ DOB: _____

I am the Parent/Guardian of the minor child above (the "Participant") and am fully competent to sign this agreement. I understand that I have approved the Participant's request to participate in the JayDee's Academy.

I understand that JayDee's Academy involves various physical activities, including but not limited to jungle gym, miniature golf, swimming, water slides, walking/running/playing, go-karts, train rides, and exposure to the sun and there are risks associated with such activities. I understand the nature of the Academy and my child's participation therein. I acknowledge that the Participant is in good health and has adequate health insurance necessary to provide for any medical costs that may arise as a result of injury.

I (Parent/Guardian) understand that JayDee's Family Fun Center assumes no responsibility for injuries or illnesses that Participant may sustain, a) as a result of Participant's physical condition, b) resulting from the Participant's participation in an activity, c) as a result of another Participant's or third person's actions, or d) as a result of the Participant's use of JayDee's Family Fun Center facilities, pools, slides and/or equipment in connection with an activity. The Participant and Parent/Guardian releases and agrees to hold harmless, defend and indemnify JayDee's Family Fun Center and its owners, directors, officers, general manager and employees from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by gross negligence or intentional conduct of JayDee's Family Fun Center) that the Participant may suffer as a result of his or her participation and/or enrollment in JayDee's Family Fun Center Academy activities.

I (Parent/Guardian) grant permission to JayDee's Family Fun Center Academy and its employees to take the Participant to a licensed physician for medical treatment, emergency surgery, or hospitalization if Participant becomes ill, sustains an injury, or otherwise requires medical treatment or attention and JayDee's Family Fun Center is unable to contact the emergency contact listed for the Participant. The Parent/Guardian gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Participant's life or health. Parent/Guardian further authorizes JayDee's Family Fun Center Academy to give first aid, CPR or other treatment by qualified staff member to Participant.

Participant and Parent/Guardian understand and agree that JayDee's Family Fun Center Academy is not responsible for personal property that is lost, stolen or damaged in connection with this activity.

This agreement shall be binding upon the Participant, his or her Parent/Guardian, heirs, estate, successor, and legal representatives.

This agreement represents the entire agreement between the parties. This agreement shall not be modified or amended except by an agreement in writing signed by both parties.

If any portion of this waiver and release are held to be invalid, Participant and Parent/Guardian agree that the remaining terms shall continue to be in full legal force and effect. Participant and Parent/Guardian understand and agree that this Waiver and release is binding upon me and my heirs, estates and legal representatives.

I grant JayDee's Family Fun Center Academy the right to copyright, re-use, publish and republish by any medium, including electronically, any photos of my child or in which they may be included, that may be taken while participating in JayDee's Family Fun Center Academy activities.

Please check this box if you do not want your child's picture to be taken or published.

Please Read Carefully. This Document Contains A Release And Waiver Of Liability

I have read and voluntarily signed this Waiver and Release of Liability.

Parent/Guardian Signature

Date

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- 1) Complete all items on this side of the form. Sign and date where indicated.
- 2) If your child has a medical condition which might require emergency medical care, complete the back of the form. If necessary, have your child's health practitioner review that information.

THIS FORM WILL NEED TO BE COMPLETED ANNUALLY

Child's Name: _____ Birth Date: _____
Last First

Enrollment Date: _____ Hours & Days of Expected Attendance: _____

Child's Home Address: _____
Street/Apt. # City State Zip Code

Parent/Guardian Name(s):	Relationship:	Place of Employment/Phone Number:	Cell Phone Number:	Home Phone Number:

Name of Person(s) Authorized to Pick Up Child (daily) _____
Last First Relationship to Child

Address: _____
Street/Apt.# City State Zip Code

Name of Person(s) Authorized to Pick Up Child (daily) _____
Last First Relationship to Child

Address: _____
Street/Apt.# City State Zip Code

Any Changes/Additional Information: _____

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in the event of an emergency.

1. Name: _____ Telephone (c) _____ (w) _____
Last First

Address: _____
Street/Apt. # City State Zip Code

2. Name: _____ Telephone (c) _____ (w) _____
Last First

Address: _____
Street/Apt. # City State Zip Code

3. Name: _____ Telephone (c) _____ (w) _____
Last First

Address: _____
Street/Apt. # City State Zip Code

I authorize JayDee's Academy to release my child to the emergency contacts listed above if a custodial parent is not available.

Signature of Parent/Guardian: _____ Date: _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to the hospital and to allow needed medical treatment. .

Signature of Parent/Guardian: _____

Date: _____

Child's Primary Medical Care/Emergency Care Physician Information:

Name of Child's Primary Care Physician:	Address of Child's Primary Care Physician:	Phone Number of Child's Primary Care Physician:

Name of Child's Health Insurance Coverage: _____

Child's Health Insurance Policy Number: _____

Special Dietary Restrictions: _____

CHILD HEALTH ASSESSMENT

Child's Name _____ Parent/Guardian _____
 DOB ____/____/____ Home Phone _____ Address _____
 Child Care Facility/School _____
 Child Care Facility/School Phone _____ Work Phone _____

Note: A copy of the Health Check exam report attached to a copy of the child's immunization record may be substituted for this form.

Health history and medical information pertinent to routine child care and emergencies:

Date Of Exam ____/____/____

Allergies to food or medicine:

Length/Height in/cm %ile _____	Weight in/cm %ile _____	Head Circumference in/cm %ile _____	Blood Pressure in/cm %ile _____
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Physical Examination	Normal	Abnormal/Comments
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardiorespiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic/Tone		
Developmental (e.g. ddst)		

Immunizations	Birth to 1 Month	2 Month	4 Month	6 Month	12-18 Month	4-6 Yrs
DTP/DTaP						
Polio						
HIB						
HEP B						
MMR						
Varicella						
Other (PCV7)						

Note: Ages and number of boosters may vary when immunizations start at older ages.

Screening Tests (If completed)	Date	Normal	Abnormal/Comments
Lead			
Anemia (HGB/HCT)			
Urinalysis (UA)			
Tuberculosis (TB)			
Hearing			
Vision			

Date of Last Dentist's Exam

Note: Age appropriate health services and immunizations must follow the schedule recommended by AAP

Health Problems or Special Needs	Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary)
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Medical Care Provider	MD DO PA CRNP				
Address					
Phone					
ECE-CC-3 12/04	<table border="0"> <tr> <td style="border-top: 1px solid black; width: 50%;"></td> <td style="border-top: 1px solid black; width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Signature of Physician or CRNP</td> </tr> </table>			Date	Signature of Physician or CRNP
Date	Signature of Physician or CRNP				

Please list any side effects to medications child may be currently taking:

Please list or attach child's medical history:
