

Junior World

## Learning & Activity Centre

8 Windsor Avenue, Kingston 5

Telephone: 978-0786/978-8156/599-2117

Principal Director Email: adlyn787@live.com



**Email:** juniorworld\_97@yahoo.com

**Website:** juniorworld97.com

Thank you for choosing our school. WELCOME, and we hope that your stay with us will be an enjoyable, productive and blessed one. Together with God's help, we will make things happen!

We promise to provide the services agreed to, according to best practices, and according to the rules laid down by the Ministry of Education, including the Early Childhood Commission. We also promise to keep confidential, all the information given to us about your child and your family, except if you give us permission, or if it is required by law and/or needed to be disclosed in the best interest of your child (under the Child's Protection Act).

By signing this application, as the parent or guardian, you agree:

- To uphold all the rules outlined in the rule book or in any discussions, once you and your child become a member of this Junior World family.
- To inform the school (including the office) of any changes in your child's health or circumstances, which we need to be aware of (so that we may act accordingly).
- To provide accurate and up-to-date information relating to your child, at all times.
- To submit, on registration and thereafter, updated copies of the immunization card.
- To submit an authenticated note from the child's pediatrician confirming the child's good health before he/she enters school for the first time.
- \*\* To keep your sick child at home until he/she has recovered from the illness and to submit a doctor's note confirming that the child is well enough to be in school after such recovery (the nurse has the right to refuse re-admission until the note is received).
- To drop off your child daily at least 15 minutes before the class begins. Lateness is disruptive.
- To pick up your child promptly after school or activities and no later than 6:30 p.m. if the child is in our Aftercare facility (6:30 p.m. may be changed depending on crisis situations).
- To willingly pay a penalty charge if the child is picked up later than the agreed time.
- To responsibly pay all school fees on time, when they become due on the **1<sup>st</sup>** school day of each term or month, and will readily pay the agreed penalty charged on all late fees.
- That my child may NOT be permitted to attend school until all outstanding fees are paid.
- That no report/ school items will be sent home until all outstanding fees are paid in full.
- That the school is permitted to assign all my outstanding fees to a collection agency and all additional costs incurred for such service will be paid by me (the parent).

I have read the above and have discussed matters of interest pertaining to the school and my child's wellbeing with a senior member of staff. Hence, I agree to enroll my child at Junior World Learning & Activity Centre to start \_\_\_\_\_.

Parent/Guardian: \_\_\_\_\_

(Name/s)

(Signature/s)

Interviewing Officer: \_\_\_\_\_

(Name)

Date

(Signature)

## **GENERAL INFORMATION SHEET**

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at next birthday: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of last school and grade level: \_\_\_\_\_

### **Parents' Information:**

**Mother's Name:** \_\_\_\_\_

Work place and address:

\_\_\_\_\_  
\_\_\_\_\_

Telephones: (home) \_\_\_\_\_ (work) \_\_\_\_\_

{Cellular (s)} (Digicel) \_\_\_\_\_ (Lime) \_\_\_\_\_

Email address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Work place and address: \_\_\_\_\_

\_\_\_\_\_

Telephones: (home) \_\_\_\_\_ (work) \_\_\_\_\_

{Cellular (s)} (Digicel) \_\_\_\_\_ (Lime) \_\_\_\_\_

Email address: \_\_\_\_\_

### **Emergency Contact** (persons other than parents to contact in case of need)

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Telephones: \_\_\_\_\_

Email address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Telephones: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Persons, other than the above (must have an id), who are authorized to pick up your child:**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Additional information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health/Medical Data Sheet:**

Name of Pediatrician/Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of last doctor's visit \_\_\_\_\_

State reason (s) for visit \_\_\_\_\_

Does child suffer from any allergies? Yes/ No

If yes, please state type (s) \_\_\_\_\_

Does child suffer from any reoccurring illness Yes No

If yes, please state type \_\_\_\_\_

Is your child fully immunized? Yes/ No

If No, please state reason \_\_\_\_\_

Did child reach milestones at expected times? Yes No

If No, please explain \_\_\_\_\_

Can your child eat everything? Yes/ No

If No, which foods should be avoided? \_\_\_\_\_

Is the child fully potty trained? Yes No

Is your child able to participate in all physical activities (outdoors/indoors)? Yes/ No

If No, please state reason and which activity \_\_\_\_\_  
should be avoided. \_\_\_\_\_

**State any other medical information that we may need to know (including surgeries):**

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### Junior World Medication Policy

1. Under the law, only prescribed and currently dated medication will be administered by the school.
2. The parent/guardian is responsible for **clearly** logging/signing in medications as prescribed by their child's certified health care provider. The exact name of the medication, dosage, time to be given, must be written in the Medication Log Book by the nurse's station, and such medication will then be administered by the school's nurse or, in her absence, by a senior employee certified in First Aid.
3. Medications will not be administered if it is not clearly written and signed when logging in the instructions, and if it is not in the original container showing the child's full name. Over the counter medications should bear the pharmacy's label and if possible, the child's name.
4. Expired medications are not permitted at school and will NOT be administered to any child. The children's files will be updated with medications administered daily and only written instructions will be followed. This medication policy is attached to the Log Book, so **please read it to be reminded.**
5. Medications must never be left in a child's bag, and all medications are to be properly and safely stored by parents and staff, to be returned home daily.
6. A report will be given to the parents (and filed) in the event that a medication was administered in error or not administered for any reason.
7. As the legal custodian of \_\_\_\_\_, I authorize the Junior World staff to administer general first aid treatment to assist my child in the event it becomes necessary, and/or take my child to the nearest doctor/hospital in case of need. I also authorize them to contact the person/s listed as my emergency contact, to act on my behalf with respect to any accident, incident or illness, which may necessitate medical treatment, in the event that I cannot be reached, if an emergency arises.

I understand the terms and conditions regarding the policy on the administration of medication as well as the emergency medical release statement as mentioned above and I agree with these terms.

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Name of Parent/Guardian

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Signature of Parent/Guardian

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Date

Witnessed by school official Signature\_\_\_\_\_

DATE\_\_\_\_\_