

**Little Scholars Journey After-School Center**

3310 S. Archer Ave. Unit-B Chicago, IL 60608

Tel: (773) 780-6882

Email: LSJ@LittleScholarsJourney.com

**Little Scholars Journey After-School Center II**

3324 S. Archer Ave. Unit-C Chicago, IL 60608

Tel: (773) 780-7700

Email: LSJ2@LittleScholarsJourney.com

**Enrollment Application 報名申請**

Application Date: 報名日期 \_\_\_\_\_

Child Information						
Child's Name: 學童姓名				中文:		
Date of Birth: 出生日期		Child's Social Security# 工卡號碼		Gender: 性別 [ ] Male 男 [ ] Female 女		
Street address: 地址			City 城市		State 州	Zip code 郵區號碼
Primary language spoken: 主要語言		Race/ethnicity: 種族 [ ] Asian 亞洲人 [ ] Hispanic [ ] African American [ ] White Other _____				
Previous school experience? [ ] Yes [ ] No		Does your child have any special needs: [ ] Yes [ ] No <i>If yes, please specify:</i>				
Additional information (including allergies):						
Child's School Information						
Elementary School Name: 學校名			School address: 學校地址			
School phone: 學校電話			School hours: 上課時間 _____ AM to _____ PM			
Current Grade Level: 年級		Current Classroom #: 學校版房		Current Teacher Name: 老師		
Notes:						
Parent/Guardian Names						
Parent/Guardian Name: 家長姓名			Home phone: 家庭電話		Cell phone: 手機	
Home address (if different from child's) 地址 (如果從孩子不同)			City 城市		State 州	Zip code 郵區號碼
Employer/School Name: 工作或學校名			Work phone: 工作電話			
Parent/Guardian Name: 家長姓名			Home phone: 家庭電話		Cell phone: 手機	
Home address (if different from child's) 地址 (如果從孩子不同)			City 城市		State 州	Zip code 郵區號碼
Employer/School Name: 工作或學校名			Work phone: 工作電話			
For office use only						
Enrollment Date:			Discharge Date: Reason of discharge:			
Scheduled days and hours of After-School Care:						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
Waiting List: [ ] Yes [ ] No Number:			Apply for Child Care Assistance Program (CCAP): [ ] Yes [ ] No <i>If qualified for CCAP, Case ID:</i>			
Notes:						

**Emergency Contacts 緊急聯繫人的資料**

<b>Child Information:</b>			
Child's Name: 學童姓名		Date of Birth: 出生日期	
<b>Child's Primary Doctor Information: 家庭醫生的資料</b>			
Physician Name: 家庭醫生		Clinic phone: 診所電話	
Clinic address: 診所地址		City 城市	State 州 Zip code 郵區號碼
<b>Emergency Contact #1(Not parents) 緊急聯繫人 (除了父母)</b>			
Name: 姓名		Relationship to child: 與學童關係	Phone: 電話
Street address 地址		City 城市	State 州 Zip code 郵區號碼
<b>Emergency Contact #2 緊急聯繫人</b>			
Name: 姓名		Relationship to child: 與學童關係	Phone: 電話
Street address 地址		City 城市	State 州 Zip code 郵區號碼
<b>Consent to Medical Care and Treatment:</b>			
<p>I give permission to a qualified staff at Little Scholars Journey to perform medical care and treatment, including emergency first aid to my child. 我同意合格的工作人員為我的孩子進行醫療救治或急救。</p> <p>I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment when deemed necessary. 認為必要時，我同意由救護車送我的孩子到急救中心接受治療。</p>			
_____		_____	
Parent Signature 家長簽名		Date 日期	

**Authorized Pick-up List**

<b>Release Form: Authorization for Pick-up 父母委托接送孩子人的資料</b>			
Parent/Guardian Name: 家長姓名		Phone: 電話	
<p>The following people are authorized to pick up my child from Little Scholars Journey. I authorize the release of my child to their care. 我委托以下人接送孩子。</p>			
_____		_____	
Parent Signature 家長簽名		Date 日期	
<b>Pick-up #1</b>			
Name: 姓名		Relationship to child: 與學童關係	Phone: 電話
Street address 地址		City 城市	State 州 Zip code 郵區號碼
<b>Pick-up #2</b>			
Name: 姓名		Relationship to child: 與學童關係	Phone: 電話
Street address 地址		City 城市	State 州 Zip code 郵區號碼
<b>Pick-up #3</b>			
Name: 姓名		Relationship to child: 與學童關係	Phone: 電話
Street address 地址		City 城市	State 州 Zip code 郵區號碼