

**FutureWorld NFP Middle School**  
1744 East 55<sup>th</sup> Street  
Chicago, Illinois 60615  
Email: [fwkidz@gmail.com](mailto:fwkidz@gmail.com)  
Website: [www.futureworldnfp.org](http://www.futureworldnfp.org)

**Registration Form**

Parents must complete the registration packet and submit it with a **\$100.00 non-refundable registration fee\* per child.** Accepted forms of payments are checks, money orders and cash. Please make all checks and money orders out to FutureWorld, NFP.

*\* The registration fee is required to secure an opening in our program as space is limited. Children are accepted on a 'first come, first served basis'.*

**ENROLLMENT INFORMATION**

<b><u>CHILD'S NAME</u></b>	<b><u>CHILD'S DATE OF BIRTH</u></b>	<b><u>Male/Female</u></b>	<b><u>School Name/Grade</u></b>

**PARENT/GUARDIAN INFORMATION**

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<b>Parent's Name</b>	<b>Parent's Home #</b>	<b>Parent's Cell #</b>
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**Home Address**

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**Parent's Email Address**

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<b>Parent's Name</b>	<b>Parent's Home #</b>	<b>Parent's Cell #</b>
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**Home Address**

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**Parent's Email Address**

**ENROLLMENT INFORMATION CONT'D**

Indicate your enrollment choices in the order of preference:

\_\_\_\_\_ Full-Time Enrollment: Mornings (M-F, 6a-9a) **AND** Afternoons (M-F, 3p-6p)

\_\_\_\_\_ Part-Time Enrollment – Please indicate below the days that your child will attend

**Circle One:**

Mornings ONLY (M-F, 6a-9a) OR Afternoons ONLY (M-F, 3p-6p) OR BOTH

**Parent/Guardian/Custodian**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_ Work # \_\_\_\_\_

Home/Cell# \_\_\_\_\_ Other #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_ Work # \_\_\_\_\_

Home/Cell# \_\_\_\_\_ Other #: \_\_\_\_\_

**Authorized Persons to Pick Up Child(ren)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_ Work # \_\_\_\_\_

Home/Cell# \_\_\_\_\_ Other #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_ Work # \_\_\_\_\_

Home/Cell# \_\_\_\_\_ Other #: \_\_\_\_\_

**Custody Restraints/Persons NOT Authorized to Pick Up Child(ren)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
\_\_\_\_\_  
Home/Cell# \_\_\_\_\_ Work # \_\_\_\_\_  
Other #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
\_\_\_\_\_  
Home/Cell# \_\_\_\_\_ Work # \_\_\_\_\_  
Other #: \_\_\_\_\_

### **ARRIVAL AND DEPARTURE PROCEDURES**

My child has permission to arrive and leave the before and after school program during the scheduled program hours in which he/she is enrolled according to the following arrangements:

**BEFORE SCHOOL:** Please circle the days of the week that your child will attend.

M Tu W Th F

**Arrival at Center:** Please indicate the estimated time of your child(ren)'s arrival at the center on these days (i.e. 6:00 a.m.) \_\_\_\_\_

**Transportation to School from Center:** Your child(ren) will depart the center in a reasonable time to allow for a timely arrival to school. Please indicate your child(ren)'s school hours: \_\_\_\_\_.

**AFTER SCHOOL:** Please circle the days of the week that your child will attend.

M Tu W Th F

**Transportation from School to Center:** Your child(ren) will depart his/her school in a reasonable time to allow for a timely arrival to the center. Please indicate your child(ren)'s school hours: \_\_\_\_\_.

**Departure From Center to Home:** Please indicate the estimated time of your child(ren)'s departure from the center on these days (i.e. 6:00 p.m.) \_\_\_\_\_.

I understand that FutureWorld's before and after school accepts responsibility for my child upon his/her arrival at the facilities. I understand that the program will not be responsible for my child once he/she leaves the facility. Further, I understand that any changes to these arrangements must be in writing.

Signature of Parent/Guardian

Date:

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Signature of Parent/Guardian

Date:

**PARENTAL EMERGENCY MEDICAL CONSENT**

This form must be presented upon admission for treatment at the listed medical facility. This consent will be in effect beginning \_\_\_\_\_ and will continue while the child(ren) is enrolled.

In the event that my child may require medical and/or surgical care while I am unable to be reached, I hereby grant authorization for my child to receive such care at \_\_\_\_\_ (hospital name) and Doctor \_\_\_\_\_ or his/her staff or designee to provide this care. I agree to pay all the cost and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

**INSURANCE INFORMATION**

Insurance Company/Type: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Company/Type: \_\_\_\_\_ Policy # \_\_\_\_\_

**IN CASE OF AN EMERGENCY (ICE):** Please indicate the person(s) to be contacted first in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_ Work # \_\_\_\_\_

Home/Cell# \_\_\_\_\_ Other #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_ Work # \_\_\_\_\_

Home/Cell# \_\_\_\_\_ Other #: \_\_\_\_\_

**NOTE:** The program states that every effort will be made to notify the parent/guardian *immediately* in the event of an emergency.

## MEDICAL INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth (D.O.B.) \_\_\_\_/\_\_\_\_/\_\_\_\_

- Allergies: \_\_\_\_\_
- Medication: \_\_\_\_\_
- Date of Last Tetanus Vaccination: \_\_\_\_\_
- Doctor's Name: \_\_\_\_\_
- Doctor's Telephone Number \_\_\_\_\_
- Doctor's Hospital/Facility: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth (D.O.B.) \_\_\_\_/\_\_\_\_/\_\_\_\_

- Allergies: \_\_\_\_\_
- Medication: \_\_\_\_\_
- Date of Last Tetanus Vaccination: \_\_\_\_\_
- Doctor's Name: \_\_\_\_\_
- Doctor's Telephone Number \_\_\_\_\_
- Doctor's Hospital/Facility: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth (D.O.B.) \_\_\_\_/\_\_\_\_/\_\_\_\_

- Allergies: \_\_\_\_\_
- Medication: \_\_\_\_\_
- Date of Last Tetanus Vaccination: \_\_\_\_\_
- Doctor's Name: \_\_\_\_\_
- Doctor's Telephone Number \_\_\_\_\_
- Doctor's Hospital/Facility: \_\_\_\_\_

1. **Please indicate any allergies that your child(ren) may have.**

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2. **Please indicate whether your child(ren) suffer(s) from any chronic illness and/or disorder:**

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3. **Does your child take medication for any of the allergies, illnesses or disorders listed above? If yes, please state the name of the medication and the dosage.**

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4. **Will the medication need to be given during program hours? If yes, please indicate the time of administration and the dosage.**

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5. **Please indicate what steps should be taken if your child has a problem related to any allergy, illness or disorder during program hours.**

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**MISCELLANEOUS**

6. **Please indicate if your child has any eating problems or dislikes.**

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7. **Please indicate how your child gets along with others.**

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8. **Please indicate how you discipline your child.**

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9. **Please provide any further information that you believe to assist our staff in caring for your child.**

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**Signature of Parent/Guardian**

**Date:**

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**Signature of Parent/Guardian**

**Date:**

### **PROMISSORY NOTE**

This promissory note is intended to cover child learning services delivered before payment for the services is rendered. It is used primarily as a guarantee that the **Parent/Guardian** has the ultimate responsibility for payment whether or not tuition is subsidized by any government agency. By signing this agreement with FutureWorld, NFP, **Parent/Guardian** gives up right to notice and court trial for any balances due. If you do not timely pay for the services rendered below, a court judgment may be taken against you without prior knowledge and the powers of a court can be used to collect from you, regardless of any claims that you may have against FutureWorld, NFP, for faulty child learning services or any other cause.

#### ***FutureWorld, NFP Cognovit Promissory Note***

Date: \_\_\_\_\_

In exchange for child learning services rendered at FutureWorld, NFP (an Illinois non-profit organization) for the following children,

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

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

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

**Parent/Guardian** promises to pay the daily rate of \$\_\_\_\_\_ or monthly rate of \$\_\_\_\_\_ with zero interest, made payable to FutureWorld, NFP within ten (10) days of the last service rendered. After the ten (10) day grace period, FutureWorld, NFP or its

lawyers retained may appear in any court of record situated in the County of Cook, State of Illinois and request an immediate judgment against you without your appearance.

**Parent/Guardian**, in advance, is confessing delivery of child care services rendered.

**Parent/Guardian** accepts the total amount due (above listed per day rate in this agreement multiplied by the daily printed attendance records submitted to the appropriate court).

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

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

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

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**Signature of Parent/Guardian**

**Date:**

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**Signature of Parent/Guardian**

**Date:**