☐ **Little Scholars Journey *After-School Center***
3310 S. Archer Ave. Unit-B Chicago, IL 60608
Tel: (773) 780-7700 | (773) 780-6882
Email: LSJ2@LittleScholarsJourney.com

☐ **LSJ *After-School Center* II**
3324 S. Archer Ave. Unit-C Chicago, IL 60608

☐ **LSJ *After-School Center* III**
2899 S. Archer Ave. Chicago, IL 60608

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 *If yes, please specify:*		
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 #: 学校版房	Current Teacher Name: 老师	
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 *If qualified for CCAP*, Case ID:					
Notes:						

Last updated: 02.21.2024

Emergency Contacts 緊急聯繫人的資料

Child Information:			
Child's Name: 學童姓名			Date of Birth: 出生日期
Child's Primary Doctor Information: 家庭醫生**的資料**			
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
Emergency Contact #1(Not parents) 緊急聯繫人 (除了父母)			
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
Emergency Contact #2 緊急聯繫人			
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

Consent to Medical Care and Treatment:

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为我的孩子员进行医疗救治或急救。

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment when deemed necessary.
认为必要时，我同意由救护车送我的孩子到急救中心接受治疗。

_____ _____
Parent Signature 家長簽名 Date 日期

Authorized Pick-up List

Release Form: Authorization for Pick-up 父母委托接送孩子人的資料			
Parent/Guardian Name: 家長姓名			Phone: 電話

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.

_____ _____
Parent Signature 家長簽名 Date 日期

Pick-up #1			
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
Pick-up #2			
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
Pick-up #3			
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