

Preschool Application 2020-2021

www.veteransparkdistrict.org



Child's Name: _____ **Date:** _____

Class Registering For (Please Circle):

Northlake (Half Day) AM or PM Bulger (Full Day) or Bulger (Half Day) AM

Days Attending (Please Circle):

2 Days (TTh)

3 Days (MWF)

5 days (M-F)

Accurate Information: It is important that we have correct information on all registration forms. If it is found that you have used an In-District address that is not the child's legal residence, your child will be dismissed from the activity/program. Phone numbers **MUST** be working numbers. If there is an emergency, it is imperative that we are able to reach a parent or legal guardian. Veterans Park District is **NOT** responsible for incorrect or inaccurate information that is provided at the time of registration. If your phone number changes, please pass that information on to the Preschool Director as soon as possible.

Who can make changes to your child's registration information if necessary (Change of name, contact information, etc)?

Name of Person: _____ Relation to Child: _____

Email Address: _____

Veterans Park District Preschool Program Enrollment Form

Please print and fill out all sections completely

Child's Name: _____
Last First

Address: _____
City State Zip

Phone: _____ Gender M/F: _____ Date of Birth: ____/____/____ Age: _____

Ethnic/Racial Group: White Black Hispanic/Latino Asian American Indian/Alaskan Native
Native Hawaiian or Other Pacific Islander (PI) Other/Multi-racial _____

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Mother's Name: _____ SS# _____ - _____ - _____ Phone# _____

Address: _____ City: _____ Zip: _____

Employer: _____ Employer Address: _____ City: _____

Occupation: _____ Work Schedule: _____ Work # _____

*****Mother's Email Address:** _____

.....
Father's Name: _____ SS# _____ - _____ - _____ Phone# _____

Address: _____ City: _____ Zip: _____

Employer: _____ Employer Address: _____ City: _____

Occupation: _____ Work Schedule: _____ Work # _____

*****Father's Email Address:** _____

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Marital Status: Married Separated Divorced Single Parent Remarried

Legal Guardian Parents Above: Yes No If No, Print primary parent name: _____

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Emergency Contacts/Authorized Pickup List: Please list **3 people** to call other than parents in case of necessity and are authorized to receive their child. Persons on list must have identification:

1. Name: _____ **Relationship:** _____ **Phone#** _____

Address: _____ City: _____ Zip: _____

2. Name: _____ **Relationship:** _____ **Phone#** _____

Address: _____ City: _____ Zip: _____

3. Name: _____ **Relationship:** _____ **Phone#** _____

Address: _____ City: _____ Zip: _____

Veteran Park District Preschool

Please print and fill out all sections completely

Child's Personal History

Child's Name _____ Date of Birth: ____/____/____

Does your child speak English? Yes No Understand English? Yes No

Do parents speak English? Yes No Language Spoken at home: _____

Other children in family? Yes No If yes, list name and ages: _____

Child Resides with: Mother Father Other specify other: _____
(If parents are divorced, we require a copy of the current child custody agreement)

Right Handed Left Handed Undecided

Child's Health History

Does your child have any **health conditions or medical needs**? If yes, please explain: _____

Does your child have any **special needs or require any accommodations**? _____

Does your child have any **ALLERGIES**? Yes No If yes, please explain: _____

Are there any **foods your child cannot eat**? _____

****If your child needs to substitute foods listed on our menus, we must have a Medical Exception Statement For Food Substitution form completed by your child's physician. Please see the Preschool Director for form.*

Child's Physician: _____ **Office Phone#:** _____

Office Address: _____ **City:** _____ **Zip:** _____

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Emergency Care Release

I, _____, parent/guardian have enrolled my child in Veterans Park District preschool, and hereby authorize Dr. _____, my child's physician, or any other physician in his/her group practice, in my behalf to administer Emergency medical assistance to my child during a Park District activity. In the event the above doctor listed or any physician in his/her group practice is not available, I hereby authorize the Veterans Park District, their employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized Park District personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child. I provided accurate and all information regarding my child's medical needs and health conditions, therefore I know no reasons why my child should not participate in activities, except as noted above.

Parent/Guardian Signature: _____ **Date:** _____

Veterans Park District Preschool Tuition Instructions

- The Veterans Park District Preschool Program bills parents according to their child’s program and schedule given at time of registration.
- Full tuition is due for scheduled program days whether or not your child is in attendance.
- NO credit/refund is not given for absences, holidays, emergency closings, vacations taken by families, moving out of the area, weather, days missed due to illness or discontinuing in the middle of the school year. There are no tuition refunds given for partial attendance. Please check the parent handbook for observed holidays and school breaks.
- Tuition payments are due monthly on **last service day of the month, one month in advance**. The same monthly payment due dates also apply to families receiving assistance from Action for Children. If a payment is due during a Holiday Break, check to see which park locations are open for payment or you may pay before the break begins.
- Payment can be made in advance, however if a payment is late, **an additional \$30.00 per child** will be assessed every week payment is not made.
- Payments can be made with Cash, Check or Money Order (made out to Veterans Park District ONLY). We also accept Visa, MasterCard, AmEx or Discover.
- You may stop by any of the preschool registration offices to pay in person or call to pay over the phone. **It is strongly suggested you call before stopping in as hours and days open can vary per location.**
- A child will be placed on Pause (see pause procedure in parent handbook) after **1 week** of non-payment, unless a payment plan is approved by the Preschool Director and Executive Director.
- Parents/guardians/designee who is late picking up their child/children will be charged \$5.00 for the first 10 minutes from time of dismissal and \$2.00 for each additional minute.
- Should at any time, you need to discontinue from the program please contact the preschool director. We require a 2-week WRITTEN notice given to your child’s teacher or emailed to the preschool director. This will allow us to transition the child out of the program properly. If notification of withdrawal is not given, billing will continue. If you would like to return to the program after withdrawing and space is still available, you must wait 6 weeks after your child’s last day and re-register with a \$100 registration fee and first month’s tuition.

I have read and will abide by the Preschool Tuition Instructions

Parent/Guardian Signature: _____

Date: _____

Veteran Park District Preschool Behavior Policy

Preschool plays an important role in teaching children social skills and how to interact appropriately with each other. Teachers incorporate these skills in the curriculum by modeling good manners and showing children how to respect each other. They work hard at preventing behavioral problems by arranging the classroom environment, so children are able to work in small groups and have large choice of activities. Teachers are also trained to direct behavior along appropriate channels and give ample praise for appropriate behavior. All parents and staff members sign a statement of understanding in regard to the Veterans Park Preschool Behavior Policy, included as part of your child's enrollment packet, so that a clear understanding exists between both parties. Therefore, our behavior policy is as follows:

1. The teacher will give a **verbal reminder** of the rules and explain to the child why their behavior is not appropriate.
2. If the behavior is demonstrated again, the child will be **re-directed** to another activity.
3. If that does not deter the repeated behavior, the child will be directed to a quiet area of the classroom to **"sit and think"** about what they have done (not to exceed one minute per year of the child's age.)
4. If the action or behavior is repeated after sitting out, a behavior report will be written, and the parent/guardian will be notified of their child's behavior, which must be signed at pickup.
5. After **three behavior reports** are made the child will be paused from the program for **up to 3 days**, until a behavior plan has been drafted by the Director of Early Childhood and the child's classroom teacher(s). The parent/guardian is required to attend a mandatory meeting with the Director of Early Childhood and teacher(s) to discuss the behavior(s) and new behavior plan. The child may return to class after the mandatory meeting has taken place.
6. If the inappropriate behavior(s) continue(s) after the meeting and the new behavior plan is implemented, resulting in **two more behavior reports** being written, the child **will be paused for up to 1 week from Preschool** under the direction of the Director of Early Childhood and the Director of Recreation.
7. If the inappropriate behavior(s) continue(s), resulting in **two more behavior reports** being written, the child will be **terminated** from the Preschool Program under the direction of the Executive Director.

* If a child who, after several attempts have been made to meet the child's individual needs, demonstrates inability to benefit from the type of care offered by the facility, or whose presence is detrimental to the group, the child will be discharged from the facility. (407.250 Enrollment and Discharge Procedures of the DCFS Standards)

* In all instances, when the Executive Director decides that it is in the best interest of the child to terminate enrollment, the child's and parents' needs shall be considered by planning with the parents to meet the child's needs when he or she leaves the facility, including referrals to other agencies or facilities. (407.250 Enrollment and Discharge Procedures of the DCFS Standards)

* If a child poses a direct threat to the health and safety of other children, staff or him/herself the parent of the child and the local police will be notified immediately. **Termination will be in effect immediately**, at the discretion of the Director of Recreation and/or Executive Director.

I understand the above Behavior Policy for my child _____

Print child's name

Parent/Guardian Signature: _____ **Date:** _____

PARTICIPANT COVID-19 ASSESSMENT DIRECTIONS/EXPLANATION

To limit the potential spread of the COVID-19 within the Park District, the Park has implemented the following for program and/or events to ensure participants and staff are safe.

1. Prior to attending a Program or Event, all participants must take the ***COVID-19 Assessment*** and have their ***temperature taken*** to determine if they are showing signs or symptoms of COVID-19.
 - a. If the participant has a temperature of 100.4°F or higher, the participant cannot attend the program or event. The parent or guardian must take the participant home.
 - b. If a participant becomes sick or has a fever during the program or event, they will be isolated from the group and the parent or guardian will be contacted to pick up participant.

If either **a** or **b** above occurs, the participant will be requested to see a healthcare provider for evaluation. Participants who are found to have COVID-19 symptoms must wait 10 days after symptoms resolve to return to program/event **OR** must provide written proof of physician clearance to return earlier. Participants who test positive for/have COVID-19 must provide written medical clearance before returning to the program.

All participants are urged to stay home if they are sick or showing signs and symptoms of COVID-19 or have been exposed to someone who has had COVID-19. Participants are encouraged to contact a healthcare provider if they are feeling unwell.

2. All participant self-assessments will be kept in a secure location at the Park District in case someone in attendance is diagnosed with COVID-19 and contact tracing is needed. The Park District will follow all HIPPA regulations to protect the identity of the infected individual.
3. Throughout the program/event participants will be reminded that they must abide by the safety protocols outlined by the CDC and the State of Illinois. Those guidelines are:
 - a. **Wearing a face mask**
 - b. **Social Distancing:** Maintaining a six (6) foot distance from other participants and staff.
 - c. **Hand Washing:** Participants will be reminded to frequently and thoroughly wash (at least 20 seconds) their hands or use hand sanitizer.

Signage has been posted throughout all buildings and parks to remind participants that face coverings and social distancing must be followed for everyone's safety. Hand washing signage is posted on washroom doors as a reminder to wash hands.

4. All Veterans Park District staff are required to take a COVID-19 Self-Assessment prior to beginning their shift at the Park to determine if they are showing signs or symptoms of COVID-19. If they are showing signs, they will be sent home.

I have read and understand that my child will need to complete the Participant COVID-19 Assessment at the start of each program or event. If my child is unable to complete the assessment, I will complete the assessment for them.

Further, I agree that if my child is sick, I will not bring them to the program or event.

Parent or Guardian (Printed): _____

Parent or Guardian (Signature): _____ Date: _____

Veteran Park District

Equipment, Excursions and Public Park Facilities Consent

Child's Name: _____ **Date:** _____

I/We authorize Veterans Park District to take my/our child on walking trips and to nearby public park facilities. I hereby grant permission for my child to use all the play equipment and participate in all the activities of Preschool. I/we understand such trips are under the supervision of Veterans Park District preschool staff and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Parent/Guardian Signature: _____ **Date:** _____

Veterans Park District
Preschool Policy Agreement and
Parent Handbook Verification of Receipt

I read, understood, and agree to ALL the policies and procedures stated in the Veterans Park District Preschool Parent Handbook.

From time to time policies and procedures are reviewed, changed and added. If so, I understand I will receive any changes to my existing handbook.

I _____
Parent/Guardian Name (Please print)

Parents of _____, hereby
Child's Name (Please print)

certify that I have received a copy of the parent handbook by Veterans Park District and will abide by all policies and procedures.

Parent/Guardian Signature _____

Date _____

Veteran Park District Preschool

Sunscreen/Insect Repellent Authorization Form

When warm weather arrives, we ask that each child brings their own sunscreen labeled with their name. We prefer you bring **Sunscreen Spray** bottles as they are easier to apply to the children. Insect repellent is **OPTIONAL** and should also be labeled with your child's name.

We ask that you apply a coat of sunscreen on your child **before bringing them to school** and we will re-apply.

***Please fill out below authorization with **Brand of Sunscreen** and bring labeled bottle(s) on the first day of class. ***

Child's Name _____ Date _____

Brand Name of Sun Screen _____

As far as I know, my child is not allergic to the sunscreen or insect repellent

I am providing for my child.

Print Parent Name _____ Parent Signature _____

Please sign the Verification of Receipt

CFS 581 Rev. 12/2000

State of Illinois

Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____

Please Print Name(s)

parent(s) of _____, hereby certify that I/we have

Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.