

# Preschool Application 2018-2019



[www.veteransparkdistrict.org](http://www.veteransparkdistrict.org)

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Class Registering For** (Please Circle):

Bataan (Half Day AM)

Northlake (Half Day) AM or PM

Bulger (Full Day)

**Days Attending** (Please Circle):

2 Days (TTh)

3 Days (MWF)

5 days (M-F)

**Registering for Before Care?** (Please Circle):

YES

NO

**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: \_\_\_\_\_



**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 **2 weeks** 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 explain to the child one on one why their behavior(s) is/are not accepted in preschool and give a **warning** to the child. If the behavior(s) is/are demonstrated again they will have to sit out, not to exceed one minute per year of child's age.
2. If the child repeats the behavior(s) or does not follow the classroom rules again they will be redirected to another activity.
3. If that does not deter the repeated behavior(s), 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(s) or behavior(s) is/are repeated after the redirection, a behavior report will be written and the parent/guardian will be notified of their child's behavior.
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:** \_\_\_\_\_



**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 \_\_\_\_\_

# **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.**



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 \_\_\_\_\_