

LEARNING IS FUN PRESCHOOL CHILD INFORMATION FORM

Child's Name _____ Name Known By _____

Address _____ City _____

Email Address _____ Subdivision _____

Birthdate _____ Age ___ Sex ___

PARENT INFORMATION

Father's Name _____ Marital Status _____

Home Address _____ Cell Phone _____

Business Name _____ Phone _____

Business Address _____ Work hrs./Days _____

Mother's Name _____ Marital Status _____

Home Address _____ Cell Phone _____

Business Name _____ Work Phone _____

Business Address _____ Work hrs./Days _____

Physician Name _____ Physician Phone _____

Physician Address _____

Ages of Brothers _____ Ages of Sisters _____ Any Pets? _____

List at least two persons to call in case of Emergency:

Name	Address/City	Home Phone and Cell
★ _____	_____	_____
★ _____	_____	_____

To be filled out by Preschool

Enrollment Date:	Discharge Date:
Teacher:	Days/hours of attendance:

~Continue on the next page~

List at least two persons to whom your child may be released for pick-up after school. Other names for pick-up can be added on the back or at a later time. Names may be different from emergency pick-up.

Name	Address/City	Home Phone and Cell
★	_____	_____
★	_____	_____
★	_____	_____
★	_____	_____

Does s/he dress self? _____ Hand preference? _____

Previous or current group experiences _____

Any activities s/he is currently enrolled in? _____

Are there any concerns regarding toilet needs? _____

What reading/math does s/he know? _____

Favorite play activities/toys? _____

Do you plan to send him/her to kindergarten next year? _____

Any food restrictions or allergies? _____

Any other information you want us to know? _____

Any specific concerns you have? _____

Learning Is Fun Preschool retains the right to dismiss from the group any child who, after a reasonable trial, demonstrates an inability to participate in or benefit from the school, or whose presence is detrimental to the group. Please read the Discipline and Guidance policy on page for more information on this policy.

PARENT
SIGNATURE _____ DATE _____

GOALS FOR MY CHILD

Please take some time to determine what you want your child to obtain from being at our school. These goals could be academic, social, or other interests that you have for your child. Please be as specific as possible. Your child's teacher will review these prior to the school year starting and at parent – teacher conference time to ensure that your needs, wishes, and wants are being met.

What are your goals for your child for the 20____ - 20____ school year:

1.

2.

3.

4.

5.

MY CHILD'S CURRENT INTERESTS INCLUDE:

Parent/Guardian Signature

Date _____

DCFS SUMMARY OF LICENSING STANDARDS SIGNATURE PAGE

Please read through the Summary of Licensing Standards found under Resources ->
Forms section at: <https://learningisfunpreschool.com/>

Once you have read through the standards, please sign and fill out the form on the next
page.

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.

ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I/WE, _____ parent(s)/guardian(s) of _____, hereby acknowledge receipt of the Parent Handbook and the policies and guidelines of Learning is Fun Preschool. We acknowledge that we have read and understand all policies and guidelines and intend to be bound by them. With my/our signature(s) as proof, I/we agree to abide by all the policies and requirements contained within the Parent Handbook.

Please read and initial each statement:

- Families must give a two-week notice of termination of their child or they will be responsible for paying tuition for the entire month after your child has left our program. _____
- Any registration fees paid at time of enrollment along with other fees are non-refundable. _____
- Prepaid tuition is non-refundable. _____
- If a child is disenrolled and there is an account balance, it must be paid in full prior to your child’s last day. If your balance is not paid at the time of disenrollment, Learning is Fun Preschool will forward your information to our attorney and your account will go to collections. _____
- Be advised that if payment is not received after being contacted by our attorney, your case will go to small claims court. Any and all charges and fees incurred throughout the entire process will be your responsibility, including but not limited to attorney fees and court costs. _____

Parent/Guardian Signature _____ Date _____

Late Pick Up Policy

Our classes end at 11:45 AM and 1:30 PM. A late pick-up charge of \$3.00 per minute per child will be assessed and must be paid with the next month’s tuition when you are more than 5 minutes late (5 minutes after the carpool line has ended). This fee will be applied to the first 2 times you pick up your child late. On the 3rd time you pick up your child late the fee will increase to \$5 per minute per child and will need to be paid at the time of pick up.

We understand emergencies happen; however, working late and traffic are not considered emergencies. Special circumstances such as a snowstorm or other inclement weather may be

excused at the Director's discretion. Please call the center if you have an emergency that will prevent you from picking up your child on time prior to your child's dismissal time. It is your responsibility to arrange for someone else who is on your list of approved pick up people to pick up your child prior to your child's dismissal if you will not be here on time.

Parent/Guardian Signature _____ Date _____

Tuition Payment Policy

Please read and initial each statement. Your signature at the bottom of this policy indicates that you fully understand this policy and it will be placed in your child's file.

- Tuition payments are due on the first day of the month. I agree to send in a check or pay through Procure by this date. _____
- If payment is not received by the 15th of the month, a \$15.00 late charge will be applied. _____
- Please notify the Director immediately, at least a week before tuition is due, if a payment will be late and/or if you need to make special payment arrangements. The Director will make the final decision if an arrangement can be accommodated.. _____
- Missed days due to: Covid-19 quarantine time, vacation or illness, are not able to be made up and you will **not** receive a reduction of tuition for any missed days. _____
- All federal holidays, closures for building repairs, professional development days for the staff, staff work days, school closures due to weather, and other unexpected closures are days that are figured into your tuition and will **not** be discounted. _____

Parent/Guardian Signature _____

Date _____

Discipline and Guidance Policy

It is very important that a child's development is nurtured through caring, patience and understanding. However, while caring for children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, we **will not** use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation.

In response to misbehavior, we **will**:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity

Our positive approach to discipline increases children's self-esteem, allows children to feel cooperative, motivates children to change strategy rather than to blame others, helps children to take initiative, relate successfully to others and solve problems. Our goal is to create an environment that allows all children to develop self-control and to assume responsibility for their own behavior, while ensuring the safety of all children. Our teachers communicate their behavioral expectations in a language that children are able to understand in order to redirect inappropriate behavior. In an effort to support the emotional development of children, limits are set in a calm and reasonable manner. Additional resources referrals can be made to outside agencies that can provide evaluations and other services to families and children.

If, after working with a child and family, the child does not appear to be benefitting from the program or the child is seriously jeopardizing the ability of other children to benefit from the program, we shall inform families of such concerns. We will cooperate with the family and appropriate specialists to determine the child's current needs; identify the setting and services most suited to meeting those needs; and assist the family in placing the child in an appropriate setting.

Close communication with parents is essential to providing quality care and education. If our staff feel that a child should be evaluated, such recommendations will be made to the parents. It is the responsibility of the parents to have an evaluation scheduled and completed within a determined amount of time set at the meeting or you risk the decision of your child being disenrolled.

When a child has already been evaluated by outside professionals and/or the school district, then we expect and require the parents to share with us the most recent evaluations so that we can work together to achieve agreed upon goals. Copies of IEPs are required to be placed in your child's file as soon as you are given the report. Failure to do this may result in your child being removed from our program. We strive to develop healthy relationships with families and specialists so that there is consistency for the child.

Parent signature: _____

Date: _____

Social Media, Photograph and Video Consent

Learning is Fun has a private Facebook group and Instagram page for all of the families of the children that are currently enrolled in our program. We will post pictures of your child(ren) on this social media website to connect with you, add documents that are important, and other happenings so that you are always aware of what is going on at our center.

I hereby grant Learning is Fun Preschool the irrevocable and unrestricted right to use and publish photographs or other images of me/my child, in which I/my child may be included, in any print, electronic, digital or other social media' and to alter the same without restriction. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these images. I irrevocably assign such images' rights and uses to Learning is Fun Preschool into perpetuity. I hereby release Learning is Fun Preschool and its legal representatives and assigns from all claims and liabilities relating to said images.

_____ I **DO** allow Learning is Fun Preschool to post pictures and/or videos of my child(ren) on the Learning is Fun Preschool Facebook group, Instagram page, and website.

_____ I **DO NOT** allow Learning is Fun Preschool to post pictures and/or videos of my child(ren) on the Learning is Fun Preschool Facebook group, Instagram page, and website.

Parent Signature _____ Date: _____

Carpool Policy

Learning is Fun uses a carpool system for arrival and dismissal. LIF must have on file names and phone numbers of adults to whom the child may be released. If you have someone different picking up your child who is not on your list, a written consent must be given to the teacher/director before the person may pick up. Children must be dropped off and picked up promptly before/after class. (See Late Pick Up Policy)

AM Drop-Off

During drop-off carpool, you will pull up, and a teacher will help them exit the vehicle. The teacher will then accompany children to and from your child's class meeting spot in the gym (formally Fellowship Hall). Once everyone in the carpool line is brought inside, your child's teacher will lead the students into their classroom.

AM/PM Pick-up

Each student will be given a number which should be displayed on the passenger's side of the car windshield at pick-up. If you have multiple people who will be picking up your child, you may request additional copies of numbers at the beginning of the year. The teachers will look for your carpool number, and bring your child to your vehicle so **you do not have to exit your vehicle.**

**** In order to make pick-up carpool flow smoothly, we have several empty parking spaces that you may pull into to buckle your child into their carseats. ****

Parent Signature _____ Date: _____

COVID-19 Parent/Guardian Acknowledgement and Disclosure Form

We all must work together to make our school environment as safe as possible for students, teachers, and Learning is Fun/St. Timothy's staff. While LIF is taking measures to reduce the risk of spreading COVID-19, we need our families to do the same.

You and your child are expected to follow the COVID-19 Code of Conduct as described below.

***** This policy is subject to change with current Covid-19 policies and procedures set by DCFS and the Du Page County Health Department. *****

1. I will take my child's temperature every day prior to coming to school and conduct a daily screening of my child for COVID-like symptoms prior to my child arriving at school.

2. I will keep my child home from school if my child has any of the following symptoms that are not related to an already diagnosed condition or illness: (This list may be updated by public health authorities in the future.

- Fever of 100.4 degrees Fahrenheit or higher
- Shortness of breath or difficulty breathing
- Chills
- Cough
- New loss of taste or smell
- Fatigue
- Headache
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Cough
- Muscle or body aches

3. Your child will have their temperature taken and recorded by a school staff member who retrieves them from the car during carpool if it is mandated by DCFS/DuPage County Health department. (As of 2/28/2022 we are not taking temperatures anymore).

4. I understand that my child will be sent home if my child has any of these symptoms that are not related to an already diagnosed condition or illness while at school. I agree that I will pick up my child within 1 hour from being notified by the school that my child is being sent home.

5. I understand that this low threshold for keeping kids at home may mean that my child may be away from school more often than in the past, and I will plan for such contingencies. In addition, I will still be responsible for paying my child's tuition and understand that reimbursements for missed days will not be granted.

6. I understand that my child **WILL** be required to wear a cloth face/disposable mask throughout the day if it is established by the DuPage County Health Department, and DCFS (Department of Child and Family Services). (As of 2/28/2022 we currently are mask-optional).

7. I understand that LIF will require my child to wash their hands and social distance established by the DuPage County Health Department, and DCFS (Department of Child and Family Services).

8. I understand that LIF will follow the IL Public Health Department's protocols on the reporting of COVID-19 illness at the school, and will result in a case-by-case decision if a positive case is reported.

9. I will report to the LIF director if my child or immediate family member has a confirmed positive COVID-19 test result.

I, (Parent/Guardian Name) ,

_____ certify that I have read, understand, and agree to comply with the provisions listed.

Parent/Guardian Signature: _____

Child's Name: _____

Date: _____

Additional Policies

Please read each statement carefully. If you agree with the statement, initial on the line following each statement.

- I hereby grant permission for my child to be involved in observations of his or her class by college students who are enrolled in early childhood education courses. We will be notified by the center director if/when this happens so as not to be alarmed should we notice someone in the classroom that we aren't familiar with. _____.
- I hereby grant permission for my child to be photographed at school with the understanding that such pictures will be for school use only. These pictures may be put on our Facebook page or school Website. Please refer to the photograph release form in your enrollment packet. _____.
- I hereby grant permission for a staff member who is certified in Pediatric First Aid or CPR to perform such techniques for my child, if necessary. _____
- I hereby grant permission for my child to use all play equipment and to participate in all the activities of the school. _____

The signature and initials on this form confirm that the parent(s)/ guardians(s) have read each statement and agree with the procedures and policies of the center.

Parent/Guardian Signature _____ Date _____