

St. Paul Christian Day Care and Kindergarten Enrollment Form

Please print and complete all sections

Child's full name _____ Sex: M ____ F ____ Birthday: _____

Current Address: _____ How long at this address? _____

ENROLLMENT

School Year _____ Summer _____

Preschool classroom (3 – 4 year olds) _____ Pre-K classroom (4-5 year olds) _____ Kindergarten classroom (5-6 year olds) _____

Days of attendance: M T W TH F (circle all that apply)

Hours of care each day: _____

Parent/Guardian # 1

First and Last Name: _____ Birth date: _____

Current address: _____

Email address: _____

Place of employment: _____

Employer's Address: _____

Home phone # _____ Work # _____ Cell#: _____

Parent/Guardian #2

First and Last Name: _____ Birth date: _____

Current address: _____

Email address: _____

Place of employment: _____

Employer's Address: _____

Home phone # _____ Work # _____ Cell # _____

Primary language spoken at home: _____

Who does child live with: ☐ both parents ☐ mother ☐ father ☐ other: _____

Please list all people in child's immediate family: _____

Please list all other *non-family* members who live in household: _____

Are parents of child currently: ☐ married ☐ separated ☐ divorced ☐ never married

If separated or divorced, who has *legal* custody? ☐ mother ☐ father ☐ other (specify): _____

If separated or divorced, how do you feel your child has adjusted to the separation/divorce? _____

Date of enrollment: _____ Date of withdrawal: _____

Directors signature: _____

CUSTODY INFORMATION/COURT ORDER INFORMATION

1. Does a court order prevent either parent/guardian from picking up your child? YES _____ NO _____
2. Does a court order or decree prevent either parent/guardian from receiving copies of your child's records? YES _____ NO _____
- If the child is living with someone other than the parent/guardian, please provide legal documentation to the director at the time of enrollment.
 - If a court order (Order of Protection/ Restraining Order/Etc.) or decree prevents parent/guardian from receiving copies of your child's records please provide legal documentation to the director at the time of enrollment. Any expired orders or decrees will be kept on file for reference but cannot be enforced legally

Have there been any significant changes in the home over the *last few years*? (Such as new marriages, deaths, births, address changes, family separations/divorce, parent dating, parent job change, money problems, etc.)?

EMERGENCY CONTACT/ AUTHORIZED RELEASE PERSONS (OTHER THAN PARENTS/GUARDIANS)

Please list emergency contacts/ authorized release persons who will accept responsibility for the care of your child if you cannot be reached. **All persons listed must be able to pick up your child within one hour of being notified.** All emergency contacts/ authorized release persons must present a government issued photo identification card. **You must provide 5 contacts that are able to pick up your child in the event of an emergency or illness.**

Contact #1 Does this person live within one hour of the center? ☐ yes ☐ no

Full Name: _____ Relationship to child: _____

Address: _____

Cell phone: _____ Work : _____ Home: _____

Contact #2 Does this person live within one hour of the center? ☐ yes ☐ no

Full Name: _____ Relationship to child: _____

Address: _____

Cell phone: _____ Work : _____ Home: _____

Contact #3 Does this person live within one hour of the center? ☐ yes ☐ no

Full Name: _____ Relationship to child: _____

Address: _____

Cell phone: _____ Work : _____ Home: _____

Contact #4 Does this person live within one hour of the center? ☐ yes ☐ no

Full Name: _____ Relationship to child: _____

Address: _____

Cell phone: _____ Work : _____ Home: _____

Contact #5 Does this person live within one hour of the center? ☐ yes ☐ no

Full Name: _____ Relationship to child: _____

Address: _____

Cell phone: _____ Work : _____ Home: _____

We/ I authorized the above persons to pick up my/ our child from the center if we/I cannot be reached. Emergency contacts/ authorized release persons must present a photo identification card (driver's license, state id.) at pick-up.

Parent/GuardianSignature _____ Date _____

Parent/GuardianSignature _____ Date _____

HEALTH AND DEVELOPMENT

Pregnancy and Birth

Is your child: ☐ biological child ☐ adopted child ☐ foster child ☐ other: _____

Please check the conditions below that describe the health of the child and mother

Mothers pregnancy

- ☐ No complications
- ☐ Blackouts
- ☐ Falls
- ☐ Physical injury
- ☐ Excessive bleeding
- ☐ Hypertension

- ☐ Diabetes
- ☐ Emotional stress
- ☐ Toxemia
- ☐ Alcohol and/or drug use
- ☐ Use of tobacco

Child's Delivery

- ☐ Normal
- ☐ Induced labor
- ☐ C-section
- ☐ Breech birth
- ☐ Unusually long labor (>12 hours)
- ☐ Premature # of weeks

- ☐ Overdue # of weeks
- ☐ Other problem (specify)

Child's Condition at Birth

- ☐ Normal
- ☐ Lack of oxygen
- ☐ Breathing problem
- ☐ Birth injury/defect
- ☐ Jaundice
- ☐ Newborn ICU # of days

- ☐ Other problem (specify)

HEALTH

Describe the state of your child's current health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Is your child currently taking any medication? ☐ Yes ☐ No

If yes, please list medications and uses: _____

Does your child have any allergies? ☐ Yes ☐ No (if yes you will need to discuss the allergy with the director and provide an action plan prior to enrolling)

If yes, please explain:

Has your child ever been identified as having a disability? ☐ Yes ☐ No If so what disability? _____

Has your child ever received psychological counseling? ☐ Yes ☐ No If so, when and what for: _____

Has your child ever participated in therapy services from a private entity? (i.e., speech, occupational, physical, vision therapy, etc.)? ☐ Yes ☐ No

If so, by whom (professional/agency) and when: _____

Has your child ever participated in an early intervention program? ☐ Yes ☐ No

If so, by whom (professional/agency) and when: _____

Has your child had any of the following?

Please describe and give details, dates, and/or age of onset

| | |
|--|--|
| <input type="checkbox"/> Serious Illnesses | |
| <input type="checkbox"/> Head Injuries | |
| <input type="checkbox"/> Seizures or convulsions | |
| <input type="checkbox"/> Surgery/Hospitalization | |
| <input type="checkbox"/> History of Ear Infections | |
| <input type="checkbox"/> Allergies and/or Asthma | |
| <input type="checkbox"/> Vision Problems | |
| <input type="checkbox"/> Hearing Problems | |
| <input type="checkbox"/> Frequent Nightmares and/or Bedwetting | |
| <input type="checkbox"/> Other health problem | |

FAMILY HISTORY

Is there a family history for the following problems?

Biological family member with the history

(parent, sister/brother, aunt/uncle, grandparent, 1st cousin, etc.)

| | |
|--|--|
| <input type="checkbox"/> Learning Difficulties (reading, math, writing, spelling) | |
| <input type="checkbox"/> Speech or Language problem (articulation, stuttering, etc.) | |
| <input type="checkbox"/> Developmental Disorder (such as Autism, Asperger's disorder, etc.) | |
| <input type="checkbox"/> Emotional Problems (depression, excessive anxiety, mood swings, etc.) | |
| <input type="checkbox"/> Intellectual Disability | |
| <input type="checkbox"/> School Failure (failing grades, dropout, etc.) | |
| <input type="checkbox"/> Drug or Alcohol Addiction | |

DEVELOPMENT

Please indicate the age or range when your child performed the following milestones (check 1 box per row):

| Milestone | 0-3 months | 4-6 months | 7-12 months | 13-18 months | 19-24 months | 2-3 years | 3-4 years | Other (specify age) |
|----------------------|------------|------------|-------------|--------------|--------------|-----------|-----------|---------------------|
| Sat up without help | | | | | | | | |
| Crawled | | | | | | | | |
| Walked alone | | | | | | | | |
| Walked up stairs | | | | | | | | |
| Spoke first words | | | | | | | | |
| Spoke short phrases | | | | | | | | |
| Spoke in sentences | | | | | | | | |
| Fully potty trained | | | | | | | | |
| Fully bowel trained | | | | | | | | |
| Stayed dry all night | | | | | | | | |

BEHAVIOR

Behavior in Infancy

During your child's first few years of life, was any of the following present to significant degree?

| | |
|---|--|
| <input type="checkbox"/> Did not enjoy cuddling | <input type="checkbox"/> Difficult nursing |
| <input type="checkbox"/> Was not easily calmed by being held or being stroked | <input type="checkbox"/> Poor eye contact |
| <input type="checkbox"/> Difficult to comfort | <input type="checkbox"/> Did not turn towards caregivers |
| <input type="checkbox"/> Colicky | <input type="checkbox"/> Did not respond to name |
| <input type="checkbox"/> Excessive irritability | <input type="checkbox"/> Did not respond to speech of caregivers |
| <input type="checkbox"/> Diminished sleep | <input type="checkbox"/> Fascination with certain objects |
| <input type="checkbox"/> Frequent head banging | <input type="checkbox"/> Constantly into everything |

* Please describe all checked items:

Child's Early Temperament: (Toddler through five years of age)

- ☐ Activity Level – How active is your child? _____
- ☐ Distractibility – How well is your child able to maintain focus or concentration, or pay attention to tasks? _____
- ☐ Adaptability - How well is your child able to deal with transition, change, or when denied his/her own way? _____
- ☐ Approach/Withdrawal – How well is your child able to respond to new things (i.e., new places, people, food, etc.)? _____
- ☐ Intensity – Whether happy/unhappy, how strong is your child's feelings exhibited? Were others made aware of when your child was upset, angry, disappointed, etc.? _____
- ☐ Mood – What is your child's basic mood? Did he/she exhibit frequent or rapid changes in mood or temperament? _____
- ☐ Regularity – How predictable is your child's patterns of activity level, sleep, appetite, etc.? _____

Prior to enrolling your child, does he/she have more difficulty than other children his/her age:

- | | |
|--|--|
| <input type="checkbox"/> Sitting still at meal time | <input type="checkbox"/> Staying focused on TV, movies, or video games |
| <input type="checkbox"/> Paying attention when read to | <input type="checkbox"/> Waiting for a turn to play |
| <input type="checkbox"/> Throwing a ball | <input type="checkbox"/> Accidentally knocking things over |
| <input type="checkbox"/> Catching a ball | <input type="checkbox"/> Acting without thinking |
| <input type="checkbox"/> Buttoning and zipping | <input type="checkbox"/> Dressing self |
| <input type="checkbox"/> Holding a crayon or pencil | <input type="checkbox"/> Accidentally dropping things |

Please explain anything checked:

Differential Behaviors

Please check below all behaviors or characteristics that fit your child over the past year:

- | | |
|---|--|
| <input type="checkbox"/> Fidgets, is easily distracted, has difficulty waiting for his/her turn | <input type="checkbox"/> Often depressed/irritable mood |
| <input type="checkbox"/> Talks excessively, interrupts often, doesn't listen | <input type="checkbox"/> Overeats |
| <input type="checkbox"/> Low energy/fatigue | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Poor concentration | <input type="checkbox"/> Feeling of worthlessness or low self-esteem |
| <input type="checkbox"/> Difficulty initiating tasks | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Difficulty completing tasks | <input type="checkbox"/> Overly anxious or fearful |
| <input type="checkbox"/> Difficulty following instructions | <input type="checkbox"/> Sleeping too little/insomnia |
| <input type="checkbox"/> Engages in impulsive behaviors (acts before thinking) | <input type="checkbox"/> Sleeping too much |
| <input type="checkbox"/> Immature compared to peers | <input type="checkbox"/> Difficulty making decisions |
| <input type="checkbox"/> Engages in physically dangerous activities | <input type="checkbox"/> Cries easily |
| <input type="checkbox"/> Often argumentative with adults | <input type="checkbox"/> Temper tantrums |
| <input type="checkbox"/> Often actively defiant to adult requests and rules | <input type="checkbox"/> Rapid mood changes/mood swings |
| <input type="checkbox"/> Blames others for own mistakes | <input type="checkbox"/> Unrealistic worry about futures events |
| <input type="checkbox"/> Often angry or resentful | <input type="checkbox"/> Excessive need for reassurance |
| <input type="checkbox"/> Somatic complaints of not feeling well | <input type="checkbox"/> Poor appetite |
| <input type="checkbox"/> Excessive separation difficulties | <input type="checkbox"/> Odd fascinations |
| <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Explosive temper with minimal provocation |
| <input type="checkbox"/> Aggressive towards others | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Adults | |
| <input type="checkbox"/> Peers | |

Please explain anything checked:

Home Behavior:

How often is each of the following settings a *problem* for your child?

| | | | |
|---|---------------------------------|------------------------------------|-------------------------------------|
| Getting ready for school | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Eating at the dinner table | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Playing by him/herself | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Playing with siblings/other children | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Having a babysitter | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| In public places (church, store) | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| When in the car | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| When told to do something he/she doesn't want to do | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Change in routine | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| When watching TV or using a computer/iPad | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |

How would you describe your child's personality at home?

How does your child get along with brothers/sisters/cousins?

Who is primarily responsible for discipline at home?

What is the most effective way to deal with your child's behavior problems at home? (talking, positive reinforcement, time-out, etc.)

How does your child respond to discipline?

Social Behavior:

How would you describe your child's peer relationships and choice of friends? (i.e. How many friends? What age/genders? Is child shy, outgoing, a leader, a follower, etc.?)

How does your child interact with children in the neighborhood?

EDUCATIONAL HISTORY

Does your child receive special school services (IEP, therapy, Gifted/Talented)? ☐ Yes ☐ No If yes, what services and when did they begin?

Below, please list schools and describe your child's previous preschool/daycare experiences:

What are your plans for your child for Kindergarten?

GOALS FOR MY CHILD:

Please take some time to determine what you want your child to obtain from being at our center. 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

Parent/Guardian Signature

Date

DCFS SUMMARY OF LICENSING STANDARDS SIGNATURE 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 St. Paul Christian Day Care and Kindergarten. 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 with 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 and other fees are non-refundable.** _____
- Pre-paid 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, St. Paul Day Care and Kindergarten 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** _____

Parent/Guardian Signature _____ **Date** _____

Late Pick Up Policy

Our center closes at 6:00 PM. A late pick-up charge of **\$5.00 per minute per child** will be assessed and must be paid in cash at the time of pick up. If you do not have cash at the time of pick up you'll be charged an additional \$10 per day until the fee is paid. 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. On the 4th time you pick your child up late you'll be charged \$5 per minute per child that you were late and you'll be informed that your child is not able to attend our program any longer.

We understand emergencies happen; however, working late and traffic are not considered emergencies. Special circumstances such as a snowstorm 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 5:30pm. 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 6:00pm if you will not be here on time.

If your child is not picked up by 6:15 PM, the center will begin calling emergency contact numbers for pick-up. In compliance with DCFS regulations, if your child is not picked up one hour after closing, by 7:00pm, your child is considered abandoned and the police will be notified.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Director signature: _____ Date: _____

Please return to the director by: _____

Updated 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.

1. Tuition payments are due every four weeks according to the tuition and fee schedule. ____/____
2. **If payment is not received by the Monday of the week that tuition is due, by 6pm, than a \$15.00 late charge will be applied. \$15.00 per day will be charged until the tuition is paid in full. The director will keep a record of the number of days that tuition is due. If you pay your tuition late more than twice you will be required to pay in cash and it will be due on the exact due date with no leniency provided.** ____/____
3. 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. Up to 2 reasonable accommodations will be made each year per family. ____/____
4. A child whose account is one month past due can no longer be considered enrolled and you'll be notified by an email and a letter that you'll need to find alternate arrangements for care for your child starting on the next business day. Your information will be provided to our attorney to collect the money owed to us. All fees involved in that will also be your responsibility. This is including any filing fees, court fees, and other fees associated with a collection agency. ____/____
5. **Missed days, due to vacation or illness, are not able to be made up and you will not receive a reduction of tuition for any missed days.** ____/____
6. 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 in to your tuition and are not able to be made up. ____/____

Child name: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Director Signature: _____ Date: _____

Additional Policies

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

“I/ WE” means the parent(s) or guardian(s) of the student.

1. I/WE 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 is will happen as not to be alarmed should we notice someone in the classroom that we aren't familiar with. ____/____
2. **I/WE hereby grant permission for my child to be photographed at school with the understanding that such pictures will be for school use only. Examples include parent night, class activities, and emergency cards. These pictures may be put on our Facebook page or school Website. Please refer to the photograph release form in your enrollment packet.** ____/____
3. I/WE hereby grant permission for my child to have sunscreen applied to exposed skin areas before playing outside. ____/____
4. I/WE will provide lotion sunscreen with sun protection factor of SPF 30 or more. I will mark the plastic sunscreen container with my child's name using a permanent marker. ____/____
5. I/WE hereby grant permission for my child to be involved in a Christian atmosphere, which includes Bible stories, songs, and prayers. ____/____
6. I/WE understand the center will not be held liable for any child who has not been signed in when s/he arrives for the day or who has not been signed out at the end of the day. ____/____
7. I/WE 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. ____/____
8. I/WE hereby grant permission for my child to use all play equipment and to participate in all the activities of the center. ____/____
9. I/WE hereby grant permission for my child to leave the school premises for neighborhood walks and/or field trips under supervision of a staff member within licensing ratios. ____/____

The signatures 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 _____

Parent/Guardian Signature _____ Date _____

Director Signature: _____ Date: _____

Please return to the director by: _____

Medical Emergency Policy

I/we hereby grant permission for a day care staff member to take whatever steps necessary to obtain emergency medical care for my child, if warranted. These steps may include, but are not limited to, the following:
(Please read and initial each statement)

1. Attempt to contact parent/guardian. ____/____
2. Attempt to contact parent/guardian through any of the persons listed as emergency contacts found on the registration/enrollment forms. ____/____
3. If we cannot contact the parent/guardian or the child's physician, or if the urgency of the situation does not allow time for this step:
 - CALL 911 ____/____
 - A St. Paul Christian Day Care and Kindergarten staff member will accompany the child to the Emergency Room if necessary. ____/____
4. Any expenses incurred will be the responsibility of the child's parent/guardian. ____/____
5. The center will not be responsible for anything that may happen as a result of false information or lack of information provided by the parent/guardian at the time of enrollment. ____/____

Child's physician's name: _____ Phone #: _____

Address: _____

Insurance Provider: _____ Group/Member #: _____

Expiration date: _____ Hospital Used: _____

What hospital, if possible, do you want your child transported to in the event of an emergency? _____

- *IF YOUR CHILD IS TAKING PERSCRIPTION MEDICATION AND WE MUST ADMINISTER IT WHILE IN OUR CARE WE NEED A WRITTEN PLAN FROM THE DOCTOR (EXACT INSTRUCTIONS FOR USE/DOSAGE/ETC.) BEFORE WE ARE ABLE TO GIVE IT TO YOUR CHILD.*
- *THE MEDICATION MUST BE IN THE ORIGINAL CONTAINER/PACKAGE WITH PERSCRIPTION INFORMATION BEFORE WE CAN ADMINISTER ANY MEDICATION.*

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Director Signature: _____ Date: _____

Please return to the director by: _____

Integrated Pest Management Policy

Purpose

An official policy requiring Integrated Pest Management (IPM) to be practiced in childcare facilities makes it clear to employees and contractors that they must comply with the IPM program. The policy also serves as a guide for the pest manager as he or she makes decisions on pest control.

Policy

It is the policy of this childcare facility to implement and practice Integrated Pest Management (IPM) to control pests in buildings and to minimize exposure of students, faculty and staff to pesticides. It is also the policy of this childcare facility to notify, in writing, all students, parents, and employees prior to use of non-bait pesticides inside the facility and for schools, on school grounds. According to Illinois law, if pesticides are applied, they may not be applied in the presence of children; toys and other items mouthed by children must be removed prior to spraying; and children may not re-enter the treated for at least two hours or as long as is stated on the product label.

Pests

It is the policy of this childcare facility to control pests in the school environment. Pests can pose hazards to human health, damage property, and disrupt learning.

Pesticides

It is the policy of this childcare facility to minimize potential exposure to pesticides in the environment. Exposure to pesticides can pose a health risk to students, staff, and others, which can be minimized by practicing IPM. Teachers and staff may not use or keep pesticides in the facilities. Only authorized individuals may purchase or store pesticides. Regularly scheduled applications of pesticides are not permitted under this IPM policy.

Integrated Pest Management (IPM)

The IPM program at this facility will include the following:

- Regular monitoring to identify pest problems
- Preventive actions to reduce future pest problems
- Preference for the use of non-chemical control methods to address pest problems
- When necessary, the use of least-hazardous chemical controls after non-chemical controls methods have been applied
- Training for staff to facilitate this program

IPM Coordinator

An appropriate staff member will be designated as the IPM Coordinator. This person will be responsible for overseeing pest control for the district.

Notification

If a pesticide application is deemed to be necessary by the IPM Coordinator, parents and staff will be notified in writing two business days prior to the pesticide application – this applies to both indoor application of pesticides and outdoor application of pesticides on facility grounds. Antimicrobial (sanitation) agents and insecticide and rodenticide baits are exempt from notification requirements.

Contractors

Any contractor hired by the school district/childcare facility to provide pest control or other services must comply with the facility's IPM and notification policy. S/he should be knowledgeable about the IPM Childcare Laws and the use of IPM for structural pest control. Contractors must refrain from routine pesticide spraying, provide detailed service reports with each visit and give recommendations for pest prevention.

I/WE _____ the parents/legal guardians of _____ have read and understand the Pest Management Policy of St. Paul Day Care and Kindergarten. Please sign and date below.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Director Signature: _____ Date: _____

Please return to the director by: _____

Allergy Policy

St. Paul Christian Day Care and Kindergarten understands and recognizes the uniqueness of every child. We have a number of children with severe peanut allergies and tree nut allergies. We are dedicated to maintaining the safety of all children enrolled at our center. Due to the rising number of children who have life threatening peanut and tree nut allergies, we have made the decision to be a peanut & tree nut controlled zone. No peanuts, peanut products, or products containing traces of peanuts or tree nuts should be brought to our center. Be sure your child's teacher is aware of your child's food allergies. Teachers will have allergy lists in their classroom as well as action plans for any child that has an EpiPen or other medication kept at the center that we must administer should they come in to contact with something that would cause an allergic reaction. We will have peanut butter and jelly sandwiches on the days that the child(ren) that have the allergy do not attend. If the child(ren) attend 5 days a week we will remove peanut butter and jelly sandwiches from our menu completely and you will be notified of this change immediately.

If you are planning to bring in a treat to celebrate your child's birthday some acceptable items include:

- Fresh fruit and vegetables
- Individual ice cream cups from Jewel (as long as the package doesn't list peanuts or nuts)
- Oreo cookies
- Breadsmith cupcakes/cookies (<http://www.breadsmith.com/>)
- Other items that are approved by the center director

Please initial to indicate your understanding after each item.

1. **I/We understand that all outside food must be consumed before entering the building.** _____/_____
2. I/We understand that my child **MUST** wash their hands prior to entering the classroom to prevent any contamination from foods eaten at home. _____/_____
3. I/We understand that all foods served at the center, including snack and lunch items, with the exception of picnic lunch, will be peanut and tree nut controlled. Should this change for any reason you will be notified immediately. _____/_____
4. **I/We will check with the director before I/we plan to bring in any kind of food in to the center.** _____/_____
5. I/We understand that if we do not check with the director ahead of time when we want to bring something in that it can be refused to be served by the classroom teachers and will be sent home. _____/_____
6. I/We understand that if my child has an allergy of any kind it must be reported to the center director upon enrollment with a full set of instructions, from the child's physician, indicating what steps need to be taken should medication need to be administered if a reaction should occur. My child will not be enrolled until the director has this information. _____/_____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Director signature: _____ Date: _____

Please return to center director by : _____

Developmental Screening and Assessment policy

| Type of Assessment | How often does it occur? |
|---|------------------------------|
| Developmental Ages & Stages Screen / Checklists | Within 60 days of enrollment |
| Creative Curriculum (Daily observations of Individual, Small Group & Class Goals) | Occurs on a Daily Basis |

Developmental Screening:

Developmental screenings determine a child's growth regarding developmental milestones. They are used to determine if a child may benefit from more in-depth developmental assessments. The director will discuss screening outcomes & possible potential benefits with family members including the purpose, the scoring, and interpretation of the screening for their child. Family members may have access to screening information or copies of the developmental screening instrument at any time.

If your child has a developmental delay the director will meet with family members to discuss the possibility of an additional developmental screening. The meeting will also include the documentation and explanation of the concern from the first screen, suggested next steps, and information about further community resources in the school district system if the child is older than 3 years. As a center and team, we will advocate for families who are seeking services.

Daily Observations & Documentation – Individual, Small Group, and Class:

The Teaching Strategies GOLD observation system's purpose is to capture and describe daily developmental progress and learning of children. It is to capture their insights, thinking, and developmental achievements in order to make them visible to the teaching team and family members. Observations and documentation are also used to improve curriculum, to adapt teaching strategies, to adapt environments, and finally to make overall program improvements.

The individual goals and baseline data should be shared informally with families prior to Parent-Teacher conference time. Teachers need to encourage families to raise concerns, help make decisions for next steps, and collaboratively find mutually satisfying solutions that will be incorporated into classroom practices.

Individual, small group, and class goals and outcomes are discussed with family members at the beginning of the year during the goal planning process. Progress is incorporated into your child's conference form. Informal conversations with family members also occur as needed throughout the year. Children's individual goal information will be kept in their record files and only used in the curriculum planning log.

Developmental Assessment

We use the observations that we take, while following the Goals and Objectives, from Teaching Strategies GOLD to determine where your child is at developmentally. This is ongoing throughout the school year and we will provide you with this information twice a year at parent teacher conference time.

Please keep this page for your information

Updated Developmental Screening and Assessment Policy

If you do not want your child screened or assessed you have the option to opt out. We do not share the results of these screenings or assessments with anyone without your prior knowledge or written consent. We strongly recommend allowing your child to go through these screenings and assessments but we value and respect each family's decision on this topic.

I/We _____ **DO give permission** for my child, _____, to be screened with the ASQ screening. I also give my permission for my child to be observed by the classroom teachers to determine where they are at developmentally. I understand that I will be notified when this is being done as well as receive copies of the screening and resources for therapists in the community should an area of concern show up on the screening.

I/We _____ **do NOT give permission** for my child, _____, to be screened with the ASQ screening. I also **do NOT give my permission for my child to be observed by the classroom teachers to determine where they are at developmentally** I/We understand that we will not receive information about resources in the surrounding areas that might help should we find an area of concern.

I/We _____ **DO give permission** for my child, _____, to be assessed with the Teaching Strategies GOLD observation system. The observations that the teachers take will be provided to you at parent teacher conference time so you can see where your child is at developmentally. This will happen on a daily basis and I can request at any time to view the observations.

I/We _____ **do NOT give permission** for my child, _____, to be assessed with the Teaching Strategies GOLD observation system. The observations that the teachers take will be provided to you at parent teacher conference time so you can see where your child is at developmentally. This will happen on a daily basis and I can request at any time to view the observations

Parent/Guardian signatures: _____ / _____ Date: _____

Director signature: _____ Date: _____

Please return this form to the director by : _____

Cold and snow day closure policy

The Board President and the Director closely monitor the forecasts during the winter months. If a closure is recommended they will follow the procedures listed below. The Board President will notify the Director should we decide to close. The Director will notify all opening teachers and they will begin to call the families to inform them of the closure. They will make every attempt to contact you with every phone number listed on the enrollment paperwork you have submitted. An email will be sent and a post will be made on our Facebook page to alert you to any closures. Lastly, all major media outlets will be updated as to our status. We will NOT automatically close because the surrounding school districts have chosen to close.

| Cold day closure | Snow day closure |
|--|---|
| <p>The center will be closed if the forecast for 6 a.m. the following morning shows:</p> <ul style="list-style-type: none"> • Wind Chill is below -50 degrees Fahrenheit • Air Temperature is below -30 degrees Fahrenheit • Decision will be made by 8:30 p.m. the night before a cancellation. • Notification will be sent directly to families by phone, email, and posted on our Facebook group page. • Notification will be sent to media outlets (T.V., newspaper, radio.) • If our building management thinks that our heating system could malfunction or that a pipe bursts requiring immediate attention | <p>The center will be closed if:</p> <ul style="list-style-type: none"> • Heavy snow (more than 10 inches) and/or icy conditions make it extremely hazardous or impossible for families and employees to get to work safely. • Decision will be made by 8:30 p.m. the night before a cancellation. • A delayed opening time might be decided upon to ensure the safe arrival of families and staff. • Notification will be sent directly to families by phone, email, and posted on our Facebook group page. • Notification will be sent to media outlets (T.V., newspaper, radio.) • If school is in session and the weather is forecasted to worsen during the day a decision will be made by 10:00am and a pick up time will be strictly enforced of 4pm so our families and staff are able to return home safely. |

Please initial after each statement to indicate your understanding:

1. I/We understand that if the center decides to close that we will be notified as soon as possible in every possible way. ____/____
2. I/We understand that if the center closes to ensure the safety of our family that we will not receive a refund on tuition paid for that day. ____/____
3. I/We understand that if we decide to keep our child home when the center remains open that we will not be able to make up for missed days. ____/____
4. I/We understand that if the center decides to have an early pick up because the weather has worsened during the day that we must arrange pick up of our child prior to 4pm. ____/____
5. I/We understand that the late pick up policy will be strictly enforced during the winter months so that our staff are able to return home safely and in a timely manner. ____/____

Parent/Guardian signatures: _____/_____ Date: _____

Director signature: _____ Date: _____

Please return to center director by : _____

Social media picture and video consent form

St. Paul Christian Day Care and Kindergarten has a Facebook group for all of the families of the children that are 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, post our monthly newsletter and menu, and other happenings so that you are always aware of what is going on at our center. The group is closed and parents/guardians of our enrolled children will be sent a request to join by the center director.

I hereby grant St. Paul Christian Day Care and Kindergarten the irrevocable and unrestricted right to use and publish photographs or other images of me/my child, in 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 St. Paul Christian Day Care and Kindergarten into perpetuity. I hereby release St. Paul Christian Day Care and Kindergarten and its legal representatives and assigns from all claims and liabilities relating to said images.

_____ **I DO allow** St. Paul Christian Day Care and Kindergarten to post picture and/or videos of my child(ren) on the St. Paul Christian Day Care and Kindergarten Facebook group, page, and website.

_____ **I DO NOT allow** St. Paul Christian Day Care and Kindergarten to post picture and/or videos of my child(ren) on the St. Paul Christian Day Care and Kindergarten Facebook group, page, and website.

| | |
|------------------|-------|
| _____ | _____ |
| Child's Name | Date |
| _____ | _____ |
| Parent Name | Date |
| _____ | _____ |
| Parent Signature | Date |
| _____ | _____ |
| Parent Name | Date |
| _____ | _____ |
| Parent Signature | Date |

(to be placed in the child's file at time of enrollment)

St. Paul Christian Day Care and Kindergarten Discipline and Guidance Policy

It is very important 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

The following is taken directly from our parent handbook (pages 18-19)

Guidance

At our Center, young children learn self-control, self-help skills, ways to get along with others and routines. In our Center, the Director, parents, and teachers work together to set reasonable limits, encourage children to engage in desired behaviors, and teach children how to make healthy decisions. Criticizing, discouraging, creating obstacles and barriers, blaming, shaming, using sarcastic or cruel humor, or using physical punishments are negative disciplinary methods. St. Paul Christian Day Care and Kindergarten does not use negative discipline methods or corporal punishment.

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. Each child, when enrolled, will be given the Ages and Stages Developmental Screening (ASQ). This will help us to identify any type of developmental concern and provide you with resources in your community to seek a professional opinion of what we have documented and observed in your child.

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 school district, then we expect and demand the parents to share with us the most recent evaluations so that we can work together to achieve agreed upon goals. Copies of IEP's 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 name: (print) _____

Parent signature: _____ Date: _____

Director name: (print) _____

Director signature: _____ Date: _____



Firearm policy

Recent armed shooter events around our country in educational settings have drawn to the forefront a renewed concern for safety. As both a church and daycare center, St. Paul is a space where groups gather to learn, share and grow together. It is our desire to continue to create an environment that is safe and welcoming for everyone.

The following information is what we now will follow and require:

- According to the Illinois General Assembly (Sec. 65, a-2), all guns are prohibited from licensed daycares. If you are licensed to conceal and carry, we respectfully ask that you not bring your firearm into our building. The only exception will be made for on duty public safety officer. This will be addressed with proper documentation between the individual and the center director.
- A sign will be posted at the Daycare entrance to serve as a reminder of this expectation
- New doors with enhanced locking mechanisms have been installed, providing increased safety options in the event of an emergency.
- Emergency drills, that resemble lock down drills, will happen twice a year to ensure the most effective response in the event of an active shooter situation. All families will be made aware of the when these drills take place
- We ask for parents to take an active role in keeping our children safe as well. At drop-off/pick-up times, please do not hold the doors for other individuals after being buzzed-in.
- Report any suspicious behavior to St. Paul staff in order that they may take the proper steps to ensure safety without fear of repercussions

We are taking every step possible to respond in a manner that increases the safety of our teachers and students in the event of an armed intruder. If you have any questions or concerns regarding any of the above mentioned items, please do not hesitate to meet with the center director.

I understand the above mentioned requirements of this policy. I agree that I will not bring on to the premises a firearm or weapon to uphold the safety of the children and the staff at St. Paul Christian Day Care and Kindergarten. If I am a public safety officer, I will not enter the building with my firearm in my possession. I will also make the center director aware of my profession.

Parent's name: _____

Parent's signature: _____ Date: _____

Parent's name: _____

Parent signature: _____ Date: _____

Director's name: _____ Date: _____

Director's signature: _____



Potty training statement

At the time of your child's enrollment we require them to be fully potty trained (both urine and bowel movements). We do understand and expect that occasional accidents happen, especially for the youngest children. When a child has an accident it requires one of the teachers to be in the bathroom and the classroom is left out of compliance. We believe that helping children with their self-help skills is incredibly important and we will assist them in changing the wet clothes to dry clothes after they have tried to change themselves. When the accidents become consistent throughout the day and the week we consider this to be not fully potty trained.

All children will be enrolled with a 1 month trial period. If during that trial they have multiple accidents in a series of consecutive days we will require you to take time away from the center to get your child fully potty trained and then your child can return. Children who have an already established IEP will receive accommodations pursuant to the ADA requirements that we must meet. A spot will be held for your child for up to 1 month for you to have adequate time to get them fully potty trained. If they return and they still have multiple accidents we'll institute an additional 1 month time frame for your child to be away from the center and you'll need to pay tuition while away to hold their spot for additional time.

Here are some skills that you can look for in your child to indicate toilet training readiness:

- Pulling at wet/dirty diapers
- Interested in others' use of the toilet
- Capable of lowering and pulling up pants and training pants
- Takes pride in accomplishments
- Isn't resistant to learning how to use a toilet
- Stays positive and cooperative
- Makes grunting noises or squats when trying to go
- Asks to wear "big kids" underwear
- Hides when urinated or having a bowel movement
- Having a dry diaper for longer than usual
- Awakening dry from a nap/night's sleep
- Urinates a fair amount at one time
- Regularity with bowel movements each day
- Tells you about going or that he/she is ready
- Understands value of putting things away where they go
- Knows words for urine and bowel
- Can follow simple one step directions

I understand that my child will be enrolled at St. Paul Christian Day Care and Kindergarten with a 1 month trial period regarding being fully potty trained. If my child returns and they are still having consistent days with multiple accidents we'll institute an additional 1 month time frame for your child to be away from the center. It will be the parents responsibility to pay tuition while away to hold their spot for additional time.

Child's name: _____

Parent's signature: _____ Date: _____

Director's signature: _____ Date: _____