

Programs & Tuition

Class \_\_\_\_\_  
 Time \_\_\_\_\_  
 Tuition \_\_\_\_\_

For Office Use Only



Enrollment Date \_\_\_\_\_  
 Discharge Date \_\_\_\_\_

For Office Use Only

**APPLICATION FOR ENROLLMENT**

Child's Name: \_\_\_\_\_ Birth date \_\_\_\_\_ M \_\_\_ F \_\_\_

Address: \_\_\_\_\_  

Full Address
City
Zip Code

Name to be called at school \_\_\_\_\_ Age on Sept. 1 \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (Legally responsible for child):**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Relation to child \_\_\_\_\_

Home address \_\_\_\_\_

Home address \_\_\_\_\_

Phone number (home & cell) \_\_\_\_\_

Phone number (home & cell) \_\_\_\_\_

Place of employment \_\_\_\_\_

Place of employment \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Work phone number \_\_\_\_\_

Work phone number \_\_\_\_\_

Working Hours \_\_\_\_\_

Working Hours \_\_\_\_\_

E-mail address \_\_\_\_\_

E-mail address \_\_\_\_\_

**BACKGROUND INFORMATION**

Marital Status of parents: \_\_\_\_\_ if divorced, separated, and/or not residing in the same household as child, list the custody/visiting arrangements: \_\_\_\_\_

List all siblings and their ages: \_\_\_\_\_

If there are other people living in the household, please list them and relationship to child: \_\_\_\_\_

Is child adopted? \_\_\_\_\_ Age when adopted \_\_\_\_\_ is child aware of adoption? \_\_\_\_\_

Nationality \_\_\_\_\_ Holidays Celebrated \_\_\_\_\_

Church you attend (if any) \_\_\_\_\_ May the St. Michael's Clergy or Staff contact you regarding involvement in church activities? \_\_\_\_\_

Child's primary language is \_\_\_\_\_. If child is exposed to another language at home, what is that language(s): \_\_\_\_\_ List some words in both languages you think would be helpful to use in the classroom, i.e. "potty", "help", "drink". (Indicate: English word / word in other language) \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ Describe any assistance still needed \_\_\_\_\_

What words do you use in assisting or reminding your child to use the toilet? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ If so, when? \_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_ If so, what are they? \_\_\_\_\_

Has your child attended any other group child care center/school before? \_\_\_\_\_

If yes, describe the experience: \_\_\_\_\_

How would you describe your child? \_\_\_\_\_

List any specific goals you have for your child while attending preschool: \_\_\_\_\_

Indicate any information you would like to share about your child or family that you feel is important for the staff to know: \_\_\_\_\_

**HEALTH HISTORY**

Does your child have any allergies? If yes, please list \_\_\_\_\_

Does your child have an epipen for allergies or an inhaler for asthma? If so please circle which one.

Does child take any prescription medication? \_\_\_\_\_ If yes, what kind \_\_\_\_\_

Does your child have any restrictions for outdoor play? If so, please list \_\_\_\_\_

Does your child have any restrictions for indoor play? If so, please list \_\_\_\_\_

List any concerns you may have about your child's overall development: \_\_\_\_\_

Is there any information regarding your child's general disposition, overall health, and /or emotional wellbeing that the school staff should be aware of? If yes, please explain: \_\_\_\_\_

**EMERGENCY INFORMATION**

Health Insurance Carrier: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Policy # \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's address: \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

**CHILD PICKUP FORM**

**Persons authorized to pick-up child when parent/guardian is unavailable.** (Required by DCFS to list at least two contacts other than the parents):

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Name	Relationship	Full Address	Phone
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Name	Relationship	Full Address	Phone
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Name	Relationship	Full Address	Phone
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Name	Relationship	Full Address	Phone
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**Persons to be notified in case of an EMERGENCY** (Required to list two contacts other than the parents):

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Name	Relationship	Full Address	Phone
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Name	Relationship	Full Address	Phone
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If there is a specific person(s) who may **NOT** pickup your child, please indicate:

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Name/relationship	Address and phone, if known
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It is the parents' responsibility to advise the director in writing of any changes to the Pick-up and "Emergency Information" stated above.

PARENT SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT AGREEMENT

1. Parents or authorized caretakers must accompany the child to the classroom and sign the child “in”. The child must also be signed “out” at the end of the session. The preschool will NOT assume responsibility for a child once he/she has been signed “out”.
  2. Each Child must be picked up at the end of their program session. If late, there is a \$5.00 charge for every 10 minutes beyond the appointed pick-up time that the child remains on the school premises.
  3. Each child is accepted into a specific class and time. Any change in the assigned program must be approved by the parents and the director.
  4. Each child must bring a complete change of clothes in their backpack daily. Children should dress in “play clothes” that allow them to move freely. Any personal belonging brought to school must be kept in the child’s cubby.
  5. Parents must dress their child in appropriate clothes for the weather conditions. Children are expected to have appropriate outdoor and indoor clothes, i.e. boots, hats, gloves, etc. All articles of clothing should be labeled with the child’s name or initials.
  6. Parents are permitted access to all parts of the school any time their child is present. Cooperation in not disturbing the program is respectfully requested.
  7. Little Angels staff is required by Illinois law to report any case of child abuse and/or suspected abuse or neglect of a child. The staff will comply with this mandate.
  8. A Parent Directory is published with the name of the child, their parents, address, and phone number. The Directory will not include any information that the parent specifically requests be excluded.
  9. I give permission for my child to be included in pictures/videos for publication in the program brochure, newsletters, local newspapers, social media websites and websites associated with this program or church. No names will be published without the written permission of the parents.
  10. Little Angels will work to serve special needs children. A decision will be made for a diagnosed special needs child by the parents and the director regarding any special need at the time of enrollment. A specific written policy will be designed for the child by the teacher and parent before enrollment.
  11. The Discipline and Positive Guidance Policy will be adhered to in all situations. If a child has a behavioral control problem which continues after three conferences with the director, teachers and parents; the director reserves the right to withdraw the child with a prorated tuition refund. Every attempt to help the parents find an appropriate educational setting for the child will be made by the director.
  12. I am aware that children will say a prayer each day, and will be taught Christian concepts appropriate for preschool children at the religious holidays. I give the staff of Little Angels and the clergy of St. Michael’s permission to teach my child about the Christian faith.
  13. We encourage parents to share any information regarding family circumstances that may have a marked effect on the child, i.e. the illness of an extended family member.
  14. I give Little Angels staff the right to administer First Aid or CPR to my child. As a parent, I understand and accept that in case of any medical emergency, the preschool staff will call 911 and my child will be taken to the closest emergency treatment center. The parent is responsible for any and all costs incurred for treatment of the medical emergency.
  15. The director reserves the right to withdraw a child for any of the following reasons:
    - Abuse or neglect of parent rules and guidelines.
    - Tuition delinquent beyond 10 days of the due date.
    - Child’s medical requirements are not up to date as required by Illinois law.
    - Child’s behavior is consistently disruptive, harmful to self or others, or abnormal.
- In all cases the director will attempt to work with the parents to find a suitable and appropriate educational setting for the child.
16. Parents are expected to comply with all governmental laws, rules and regulations affecting the operation of the preschool.
  17. This Agreement may be changed at any time by Little Angels Preschool to comply with governmental regulations or for any reason that would benefit the child’s preschool experience.

I acknowledge and accept the terms listed in this Agreement.

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Parent Signature

Date