

River Forest Community Center

Early Childhood Learning Center @ OPRF High School

Enrollment Forms

2018-2019

Child's Name: _____

Date of Birth: _____ Age: _____

Enrollment Date: _____ Discharge Date: _____

Program Commitment

Daily hours needed: _____ (list hours i.e. 7:00am - 3:00pm)

Weekly Tuition Rates 2018-2019

(payments are to be made two weeks in advance of care)

Program/Classroom	2 days	3 days	Full-Time (4 or 5 days)
Infants (6 weeks to 15 months)	\$135	\$190	\$305
Toddlers/Two year olds (16 months to 35 months)	\$130	\$185	\$295
Preschool (Ages 3 & up)	\$110	\$155	\$250

Payment Type

_____ OPRF High School Payroll Deduction

_____ Payment by cash/personal check (all checks to be made payable to the River Forest Community Center)

_____ Credit Card – Visa, Master Card, Discover only (complete credit card deduction form in this packet)

Parent Signature

Date

RFCC Office Use Only

Enrollment Checklist

_____ Enrollment Form

_____ Authorization/Release Forms

_____ Deposit Paid (1 week of tuition)

_____ Medical Forms (must be completed prior to start date)

_____ Parent Handbook

_____ Background Information Forms

_____ Financial Policies & Agreement Forms

_____ \$55 Registration Fee Paid

_____ Certified Copy of Child's Birth Certificate

_____ DCFS Standards (new enrollments only)

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Child's full name _____

Sex: M _____ F _____ Age: _____ Date of Birth: ____/____/____

Name child prefers to be called if different from above _____

Child lives with _____

PARENT/GUARDIAN #1 Information

Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

Address of Employment: _____

Work phone: _____ E-mail Address: _____

Drivers License #: _____ Expiration Date: _____

PARENT/GUARDIAN #2 Information

Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

Address of Employment: _____

Work phone: _____ E-mail Address: _____

Drivers License #: _____ Expiration Date: _____

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Family Information

Other Household Members (siblings, grandparents, etc.)

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list other children not living at home: _____

Have parents lived apart during child's lifetime? _____ If so, how old was the child at the time? _____

Parent's Marital Status: Single _____ Married _____ Divorced _____
Separated _____ Widow _____ Widower _____

Is either parent prohibited by court order from access to child? _____
(If yes, please attach legal documents)

Emergency Contact/Medical Information

In case of emergency which parent should be contacted first? _____

Emergency contact (if parent is not available)

Name: _____ Address: _____

Cell Phone: _____ Home Phone: _____ Relationship: _____

Child's Physician: _____ Phone Number: _____

Address: _____

What arrangement will you make for your child's care during illness? _____

Authorization to Pick Up Child

List below the name, address, phone number and relationship to the child of any adults authorized to pick up your child from the program. Your child will be released ONLY to his/her parents or to those listed below:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	Cell: _____	_____
_____	_____	Home: _____	_____
_____	_____	Cell: _____	_____
_____	_____	Home: _____	_____

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BACKGROUND INFORMATION

Special Relationships

Has your child been in childcare before? _____

If yes, please list previous childcare centers: _____

How does child react to people he/she does not know well? _____

New situations? _____

What makes your child upset? _____

What frightens your child? _____

What are your child's favorite toys and activities?

What is your way of handling your child's behavior or your preferred method of discipline (if necessary)?

INFANT CARE

If your child is an infant, what are the feeding instructions? _____

Time: _____ Amount: _____ Temperature: _____

Diaper Changes: _____ Powder: _____ Ointment: _____

Other information that will help in caring for your child:

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DEVELOPMENTAL

Birth weight: _____

Is your child adopted? _____

At what age? _____

Does your child know he/she is adopted? _____

Age child began talking: _____

Any difficulties speaking? _____

Please list language(s) child speaks: _____

Has your child ever had problems with:

Hearing _____

Vision _____

Speech _____

Balance _____

If so, please provide additional information: _____

Does your child use any special words to express needs? _____

Does your child suck thumb or fingers? _____

Does your child have a "fussy" time? _____ When? _____

How do you handle this time? _____

When was child toilet trained? _____

HEALTH

Does anyone in the immediate family have health problems? _____

If yes, briefly describe: _____

Has child ever been hospitalized? _____ Reason: _____

Any physical disabilities or limitations? _____

List all known allergies (Asthma, Hay fever, Medications, Foods...)

Do you restrict your child's diet in any way, or provide a special diet? _____ If yes, please describe:

What special instructions are there if your child becomes ill? _____

Is child taking any medications regularly? _____ Reason: _____

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POSITIVE GUIDANCE & DISCIPLINE POLICY

Our goal is to help children develop self-control, take responsibility for their behavior and understand the value of appropriate behavior. We encourage children to learn how to grow independently and make appropriate choices to manage and self-regulate their behavior.

The environment is designed to promote positive and enjoyable learning experiences for each child and emphasis is placed on the following as preventive measures to minimize issues or concerns:

- Room arrangement
- Choice of age appropriate materials and learning activities
- Consistent schedule and predictable routines
- Age appropriate expectations
- Positive staff-child interaction
- Active adult supervision.

Staff set clear, consistent, and reasonable limits and then follow through on enforcing these limits. We remind children of the expected behavior and use simple language to explain the reasons for these limits. To help achieve these goals, our staff utilizes supportive, positive guidance and discipline techniques which help children acknowledge their behavior, make choices about the solution and be responsible for consequences.

Specific positive guidance and discipline techniques include:

- Using redirection and distraction rather than negative reinforcement
- Changing the learning environment when it interferes with positive behavior
- Helping children verbalize their feelings and needs
- Using logical or natural consequences by stating the cause and effect of behavior and allowing the child to choose
- Modeling and teaching problem solving techniques

When a child's negative behavior involves frequent hitting, pushing, biting, or harm to himself or other children or equipment, the child shall be removed from the situation for problem solving, re-direction and/or quiet time alone. This technique differs from the punitive time-out by helping a child learn to regain control and learn socially appropriate ways to express strong emotions. Parents will be informed of recurring inappropriate behavior and the discipline measures used at the time. Staff may ask parents to discuss a problem behavior with the child at home.

The Community Center believes ongoing discussions between parents and staff are the most effective way to address a concern and will use this approach in order to develop a solution together. At times, the Community Center may consult with other professionals or identify other resources which may be beneficial for a child. If a reasonable solution cannot be reached, the Community Center reserves the right to make a determination regarding the dismissal of a child from the program. No adult (including a parent) may ever use corporal punishment or other frightening or humiliating disciplinary techniques in our program.

Under the Abused and Neglected Child Reporting Act [325 ILCS 5/4], RFCC staff is required to report to the child abuse hotline (1-800-25A-BUSE), whenever there is reasonable cause to believe that a child may be abused or neglected.

I have read the RFCC guidance and discipline policies and agree to abide by them.

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Parent/Guardian Signature

Teacher Signature

GENERAL

The River Forest Community Center does not discriminate on the basis of age, race, religion, gender or ethnic background.

AUTHORIZATION/RELEASE FORM

I/we the parents of or legal guardians for _____ hereby consent to him/her participating in the above designated program. I understand that by its very nature, any program involving minors involves some risk to the participants. I have read the program description and/or spoken with a representative of the RFCC to understand the risks involved. I/we further understand that every risk cannot be fully specified or articulated. In partial consideration for enrollment in the program, I/we assume all risk and hazards incidental to such participation and do hereby waive, release, absolve the RFCC, its employees, volunteers and agents from any and all claims sustained and arising from, connected with or associated with the participation in said program. I/we also agree to indemnify and hold harmless the RFCC, its employees, volunteers and agents from any and all claims sustained and/or arising out of, connected with or associated with participation in said program. This indemnity provision includes the cost of litigation, including reasonable attorney's fees.

Signature of Parent/Guardian _____

Date _____

AUTHORIZATION TO DISPENSE APPROVED MEDICATIONS

I/we authorize the RFCC Early Childhood program, its staff or agents, to administer prescribed medicine to my child as specified in written instructions.

Signature of Parent/Guardian _____

Date _____

AUTHORIZATION TO TAKE EMERGENCY MEASURES

I/we authorize the RFCC Early Childhood program its staff or agents, to take emergency measures which are judged necessary for the care and protection of my child. RFCC will first attempt to contact parents/guardians or other person(s) listed on the application as emergency contacts before such measures are taken. I/we will be responsible for the emergency medical charges upon receipt of the statement.

PLEASE NOTE THAT HOSPITALS GENERALLY DO NOT PROVIDE MEDICAL TREATMENT (except in serious emergency cases) UNTIL A PARENT PERSONALLY SIGNS A RELEASE.

Signature of Parent/Guardian _____

Date _____

FIELD TRIP AUTHORIZATION

I/we authorize the RFCC Early Childhood program, its staff or agents, to take my child on walking or van/bus driven trips/excursions. All such trips are under supervision of RFCC staff and health and safety precautions which are taken are in compliance with DCFS standards for licensure. Prior written notice will be given for all van/bus trips/excursions.

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Signature of Parent/Guardian _____

Date _____

PROMOTIONAL PARTICIPATION AUTHORIZATION

I/we authorize the RFCC Early Childhood program, its staff or agents, to take pictures, movies or videos of my child for use in presentations and other reasonable advertising promotions and educational activities, without compensation.

Signature of Parent/Guardian _____

Date _____

AUTHORIZATION TO EXCHANGE INFORMATION

I/we authorize the RFCC Early Childhood program to exchange information regarding my child with those professional agencies or people concerned with my child's education and health. I fully understand this may entail social, medical, educational or psychological information and will be kept strictly confidential.

Signature of Parent/Guardian _____

Date _____

STUDENT DIRECTORY AUTHORIZATION

I/we give permission to have name/address/home phone information used in a student directory for the RFCC Early Childhood program. I understand that this directory will be distributed to all RFCC program participants.

Signature of Parent/Guardian _____

Date _____

DAILY PROCEDURES & LATE PICK-UP FEES

- I understand that I must sign my child in and out of the program each day.
- I agree to pay a late pick-up fee of \$10.00 if my child is picked up between 5:00 - 5:15 pm, plus \$1.00 per minute for each minute past 5:15 pm.
- I agree to call (708) 434-3592 by 8:30 a.m. to inform the early childhood staff that my child will be absent on that day.
- I understand that if someone other than myself or other designated person listed on the enrollment form will be picking up my child, that I must notify the Community Center prior to their arrival.

Signature of Parent/Guardian _____

Date _____

I have received and understand the information in the Parent Handbook. I agree to abide by all RFCC policies as stated in the Parent Handbook and in this Enrollment Agreement.

Signature of Parent/Guardian _____

Date _____

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Tuition payments are to be made two weeks in advance of care

PAYMENT POLICIES/PROCEDURES

- A late payment fee of \$10.00 will be assessed if the tuition is not paid by 9:00 a.m. on each bi-weekly Monday.
- A non-refundable enrollment fee of \$55.00 per family is required for all participants. A security deposit of one week's tuition is required to enroll each child and will be applied toward the last week of the school year.
- Tuition is not pro-rated for absences. Parent(s)/guardian(s) are responsible for paying the full tuition amount for your child's weekly tuition.

OTHER

Checks that are returned from the bank for any reason will be charged a processing fee of \$40.00. The outstanding balance must be paid in full before a child may return to the program.

A child may be suspended from the program if tuition is not paid in full by the specified due date.

**FALSIFICATION OF ANY INFORMATION PROVIDED IN THIS APPLICATION MAY RESULT IN
SUSPENSION FROM THE RFCC EARLY CHILDHOOD PROGRAM.**

Signature of Parent/Guardian _____

Date _____

FINANCIAL POLICIES

*****UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED*****