

River Forest Community Center
Early Childhood Learning Center @ OPRF High School
2021-2022 Enrollment Form

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 2021-2022

(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 1.5 months)	\$165	\$220	\$335
Toddlers/Two year olds (16 - 35 months)	\$160	\$215	\$325
Preschool (Ages 3 & up)	\$135	\$190	\$275

Part-Time Enrollment:

- Priority is given to families who need full-time child care. At times, and at its sole discretion, the Community Center may accept a part-time enrollment of 2 or 3 days/week.
- Part time enrollments are not guaranteed for the entire school year and may be eliminated if demand for full-time care increases during the school year. If demand for full-time care increases, a part-time participant will be given a two week period to increase their child's enrollment to full-time status in order to remain in the program.
- Part-time enrollments end at the conclusion of each school year and are subject to the following year's enrollment criteria.
- A part-time enrollee is not accepted until the Site Director signs the enrollment form approving the part time schedule.

Site Director's Authorization of Part-Time Enrollment: _____ Date: _____

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

- | | |
|---|---|
| <p>___ Enrollment Form</p> <p>___ Authorization/Release Forms</p> <p>___ Deposit Paid (1 week tuition) Non-Refundable</p> <p>___ Medical Forms (must be completed prior to start date)</p> <p>___ Parent Handbook</p> | <p>___ Background Information Form</p> <p>___ Financial Policies & Agreement Forms</p> <p>___ \$55 Registration Fee Paid (Non-Refundable)</p> <p>___ Certified Copy of Child's Birth Certificate</p> <p>___ DCFS Standards (new enrollments only)</p> |
|---|---|

River Forest Community Center

Early Childhood Learning Center @ OPRF High School

2021-2022 Enrollment Form

Family Information

Other Household Members (siblings, grandparents, etc.)

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

River Forest Community Center
Early Childhood Learning Center @ OPRF High School
2021-2022 Enrollment Form

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:

River Forest Community Center
Early Childhood Learning Center @ OPRF High School
2021-2022 Enrollment Form

DEVELOPMENTAL

Birth weight: _____

At what age? _____

Age child began talking: _____

Please list language(s) child speaks: _____

Is your child adopted? _____

Does your child know he/she is adopted? _____

Any difficulties speaking? _____

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: _____

River Forest Community Center
Early Childhood Learning Center @ OPRF High School
2021-2022 Enrollment Form

””

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.

Parent/Guardian Signature

Teacher Signature

River Forest Community Center
Early Childhood Learning Center @ OPRF High School
2021-2022 Enrollment Form —,

GENERAL

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

WAIVER/RELEASE

It is acknowledged that I/we are parent(s) or legal guardian(s) of the participant(s) which have been enrolled in this RFCC program and consent for him/her to participate in this designated program. It is understood that, by its very nature, any program involving minors involves some risk to the participants and I/we have read the program description and/or spoken with a representative of the RFCC to understand the risks involved. I/we further understand that it would be impossible to fully specify or articulate every risk. 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/or 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.

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.

Signature of Parent/Guardian _____ **Date** _____

River Forest Community Center
Early Childhood Learning Center @ OPRF High School
2021-2022 Enrollment Form

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 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 _____

**River Forest Community Center
Early Childhood Learning Center @ OPRF High School
2021-2022 Enrollment Form**

FINANCIAL POLICIES

Tuition payments are applied to the following two weeks of child care

TUITION 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 registration fee of \$55.00 per family is required for all participants.
- A non-refundable security deposit of one week's tuition is required to enroll each child and will be applied toward the last week of the tuition contingent upon a child being enrolled for at least one month in the child care program.
- Tuition is not pro-rated for absences. Parent(s)/guardian(s) are responsible for paying the full tuition amount for a 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.

All enrollment material must be completed and returned to the Site Director before a child can attend.

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.

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

Signature of Parent/Guardian(s) _____

Date _____

Date _____

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



ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

We are excited to offer the safety, convenience and ease of Tuition Express® - a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card. Please complete the form below to participate in our electronic payment processing program.

I hereby authorize The River Forest Community Center to initiate credit card charges to the below referenced credit card account **(Section A)** OR, initiate debit entries to my Checking or Savings Account, indicated below **(Section B)**. I accept that electronic payments will be initiated on a weekly basis (every Monday) for our River Forest location and on a bi-weekly basis for our OPRF HS location (see attached schedule). I am aware that I will be assessed a \$40.00 NSF/Credit Card Decline Fee for any payments that are returned as insufficient funds. To properly affect the cancellation of this agreement, I am required to give 10 days written notice.

Customer's Signature

Date

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card - Visa, MasterCard, Discover)

Cardholder Name

Phone#

Cardholder Address

City

State

Zip

Account Number

Expiration Date

CW#

Cardholder Signature

Date

SECTION B (Bank Account) (Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments).

Your Name

Phone#

Address

City

State

Zip

Bank or Credit Union Name

Bank or Credit Union Address

City

State

Zip

Checking saving

Routing Transit Number (see sample below)

Account Number (see sample below)

For Official Use Only

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
Deposit slips not accepted		Dollars
123456789	1800338	0226

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.



RIVER FOREST COMMUNITY CENTER AT
OAK PARK RIVER FOREST HIGH SCHOOL

To: All RFCC@OPRFHS Participants
From: Christina Anderson, Site Director
Re: Teaching Strategies Gold

River Forest Community Center uses Teaching Strategies GOLD for assessing all children enrolled in our programs at the Oak Park and River Forest High School site. The system is used online for teachers to document each child's milestone with digital photography and parents may view them. TSG's utilities support all types of learners, including children with special needs and children with advanced knowledge and skills.

Because TSG is aligned with The Creative Curriculum, teachers will plan developmental appropriate lessons to promote school readiness. Each child's readiness is ranked by a color system. If a child ranks below and/or above a milestone, then TSG will give suggestions on how to better meet or manage that child's needs.

RFCC@OPRFHS Administration invite you to join us online to view your child's growth and development on TSG. Please provide us with your name and email address(s) to receive your invite. We look forward to achieving school readiness for all students at RFCC@OPRFHS this year!

Child's Name: Classroom:

Parents/Guardians Name: _____ Parents/Guardians Email: _____

Parents/Guardians Name: _____ Parents/Guardians Email: _____

Parents/Guardians Signature: _____ Date: _____

HUSKIE PUPS
201 N. SCOVILLE AVE. OAK PARK. IL. 6030k
708-434-3592

DEVELOPMENTAL SCREENING/MONITORING CONSENT FORM

The first 5 years of life are very important for your child because this time sets the stage for success in school and later life. During infancy and early childhood, your child will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period. Please read the text below and select the desired option to indicate whether you will participate in the RFCC Childcare Center at OPRFHS screening / monitoring program.

Oak Park Elementary School District 97 makes your use of this site possible through an arrangement with the Collaboration for Early Childhood Care & Education. ***However, the information you enter into this website is confidential, secure and will not be seen or accessed by anyone in District 97.*** District 97 will not be reviewing your responses about your child.

Please note, also, that the Collaboration for Early Childhood Care & Education may be providing guidance and support to the child care providers and primary health care providers in their work with your child. Because of this relationship, the Collaboration for Early Childhood may review your child's information with these providers in order to monitor your child's development and to make sure that our work with your child supports his or her growth and development.

The Collaboration for Early Childhood Care & Education wants to make sure that all early childhood programs and services in Oak Park and River Forest are of high quality. As part of this effort, without revealing the identity of your child, the Collaboration will also use and share the data collected with its research partner, Chapin Hall at the University of Chicago. The Collaboration and Chapin Hall will maintain the strictest confidence with all of your child's information and shall follow all laws and regulations relating to your and your child's privacy rights.

By completing this questionnaire, you agree to:

1. Share your responses with RFCC Childcare Center at OPRFHS; and
2. Give permission to RFCC Childcare Center at OPRFHS to share your responses about your child with the Collaboration for Early Childhood Care & Education.

RFCC Childcare Center at OPRFHS, the Collaboration for Early Childhood Care & Education and District 97 will not share any information that identifies you, or your child with any other person, organization, agency or school without your further permission, or use your child's information for commercial purposes. The permission you have granted in this form will end within 30 days after the last day of your child's enrollment in RFCC Childcare Center at OPRFHS.

____ I have read the provided information about the Ages & Stages Questionnaires (ASQ-3 and ASQ:SE-2), and I wish to have my child participate in the monitoring program. I will fill out the questionnaires about my child's development and promptly return the completed questionnaires through the online questionnaire completion system. I also consent to receive screening feedback surveys / screening responses at the email address provided on the questionnaire. Your email address will not be shared for any other use without your express written consent.

____ I do not wish to participate. I have read the provided information about the Ages & Stages Questionnaires (ASQ-3 and ASQ:SE-2) and understand the purpose of this program.

Parent or Guardian's signature

Parent or Guardian's signature

Parent or Guardian's name

Parent or Guardian's name

Date

Date

Child's Name: _____

Date of Birth: _____