ENROLLMENT FORMS
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<td>DCFS Verification of Receipt</td>
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<tr>
<td>Copy of Birth Certificate</td>
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<td>NAEYC Accreditation Handout Information</td>
</tr>
<tr>
<td>Illinois Early Learning Standards Handbook</td>
</tr>
<tr>
<td>Bring Family Photo</td>
</tr>
<tr>
<td>Bring Complete Change of Clothing</td>
</tr>
<tr>
<td>Blanket and Small Pillow (Only if Napping)</td>
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Enrollment Information
(Please print for clarity)

Requested starting date:

__________________________

Child’s Daily Attendance Schedule (upon initial enrollment):
Monday __________ Tuesday __________ Wednesday __________ Thursday __________ Friday __________

Child Information:
Child’s Full Name ________________________________________________________________________________

First 	Middle 	Last

Name you wish the child to learn how to spell or recognize: ______________________________________________

Gender 	Birth Date 	Age at enrollment

Child’s Address: __________________________________________________________________________________

Parent or Legal Guardian Information:
Relationship of Child’s Parents: (Circle One) Married Divorced Legally Separated Single

If you answered Divorced, Legally Separated or Single please answer the following questions:
Is Non-Custodial Parent still involved in the child’s life? Yes No
If Yes, to what degree?
Are Parents on amicable terms? Yes No
If yes, to what degree?

Parent Name ___________________ Student ID # _______________

Custodial Parent? Yes No (Non-parent guardians must submit guardianship papers.)

Home address ___________________________ Home Ph ___________ Cell ___________

Employer ___________________________ Address ___________________________ Ph. ________ Days/Hours __________

Preferred E-Mail Address __________________________________________________________________________

Facebook Name (only to invite you to our closed group) ________________________________________________

Parent Name ___________________ Student ID # _______________

Custodial Parent? Yes No (Non-parent guardians must submit guardianship papers.)

Home address ___________________________ Home Ph ___________ Cell ___________

Employer ___________________________ Address ___________________________ Ph. ________ Days/Hours __________

Preferred E-Mail Address __________________________________________________________________________

Facebook Name (only to invite you to our closed group) ________________________________________________
EMERGENCY CONTACT & AUTHORIZATION FOR RELEASE

For security and IL DCFS licensing, children will ONLY be released to custodial parents, legal guardians, and others identified in enrollment information. However, **should an emergency arise and you can’t be reached or located** (or you can’t respond when reached), please identify and provide your signature below for those persons you authorize to be LOCAL contacts to take physical custody of your child. (Note: Upon arrival, these persons must show a classroom Teacher or the Manager a photo ID and provide their signature on the Center’s daily attendance sign-out sheet).

Full Name: ___________________ Home Ph. ____________ Work: ____________ Cell: ____________
Address: ___________________________ Relationship to child: ______________

Full Name: ___________________ Home Ph. ____________ Work: ____________ Cell: ____________
Address: ___________________________ Relationship to child: ______________

Full Name: ___________________ Home Ph. ____________ Work: ____________ Cell: ____________
Address: ___________________________ Relationship to child: ______________

Full Name: ___________________ Home Ph. ____________ Work: ____________ Cell: ____________
Address: ___________________________ Relationship to child: ______________

Full Name: ___________________ Home Ph. ____________ Work: ____________ Cell: ____________
Address: ___________________________ Relationship to child: ______________

In the event of an emergency if I cannot be reached, I give my permission to the ICC Children’s Center Staff release my child to one of the above listed people. If the person is unknown to Center Staff they will need to provide a driver’s license or photo ID to pick up child. If for any reason I know longer wish for someone listed to be able to pick up my child, I will notify the ICC Children’s Center Manager immediately to remove the name from the list.

______________________________ _______________________
Parent Signature Date
EMERGENCY INFORMATION
(NAEYC 5.A.01, 10.D.05)
Date: ____________________ (will remain valid until parent makes changes)
Child’s Name: ___________________________ DOB: ___________________________
Parent Name: ___________________________ Daytime Number: __________________
Parent Name: ___________________________ Daytime Number: __________________
Preferred E-Mail address: ________________________________________________
Emergency Phone: In the event that parents can’t be reached, then please list (name, phone # and relationship
to the child) people we should try calling 1st, 2nd, & 3rd
(Call 1st) ____________________________________________________________________
(Call 2nd) ____________________________________________________________________
(Call 3rd) ____________________________________________________________________
Allergies _____________________________________________________________________
Medical Conditions _____________________________________________________________________
Hospital Preference _____________________________________________________________
Doctor Name & Phone ____________________________________________________________
Insurance Company Name & Phone _________________________________________________
Name of Person who is authorized to make healthcare decisions in absence of parent or guardian
____________________________________________________________________________
When not in class, where can you be reached? ______________________________________
ICC Faculty and Students Please Attach a Copy of Your Class Schedule

TREATMENT RELEASE Please initial each line if you agree

_________ I give the ICC Children’s Center Staff permission to apply an Anti-biotic ointment in the event
of a minor cut, scrape or other wounds. (ex. Neosporin)

_________ I give the ICC Children’s Center Staff permission to apply a latex bandage in the event of a
minor injury. If my child is allergic to latex, I will provide non-latex bandages for him/her.

_________ I give the ICC Children’s Center Staff permission to apply sunscreen or lotion that I provide.

_________ In the event of an emergency, illness, or accident involving my child, I give my consent to ICC
Children’s Center to secure emergency care for my child through an emergency medical technician, clinic,
hospital, private physician, or dentist.

_________ In the event of an emergency requiring transportation to a medical facility, I give my
permission for ICC Children’s Center to arrange emergency transportation via police vehicle, public safety,
ambulance, or emergency technician vehicle

By asking the staff of the ICC Children’s Center to administer these items to my child, I hereby relieve
them of any liability involved with the administration of the item indicated.

________________________ Parent Signature __________________________ Date
HEALTH CARE INFORMATION
(NAEYC 5.A.01)

Child’s Name ____________________________

Do you have proof of up-to-date child’s immunizations for: polio, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophilus, influenzae B, and hepatitis B? Yes No

If not, when will you? ____________________ (Proof required if enrolled).

Do you have results of lead screening? Yes No (Screening or waiver required)

Do you have results of your child’s negative TB test? Yes No (Waiver or results required)

Child’s local physician and/or clinic: __________________________________________

Address: ____________________________________________ Ph. (    )____________

street    city    state    zip

Child’s local dentist: _______________________________________________________

Address: ____________________________________________ Ph. (    )____________

street    city    state    zip

Does your child have any allergies? Yes No

If so, specify allergy triggers: (i.e., foods, medications, insects, animals)

Specify symptoms:

Specify treatment:

Are there special requirements or limitations for your child’s diet while in child care? Yes No

If yes, are they family preference or doctor’s requirement?

Please specify limitations:

How should limitations be accommodated?
Has your child ever been screened for any disorders? Yes or No
If Yes, please circle which: Behavioral        Emotional        Social        Physical

What were the results and recommendations?

ICC Child Care Center strives to accommodate children with special needs whenever possible. In the event of acceptance, please help us better serve your child by completing the following.

Is your child’s disability:
mental _____        visual _____        auditory _____
physical _____        emotional _____        behavioral _____

Specify disability:

Does your child’s disability require specialized treatment or medication? Yes   No
If yes, please specify:

Will treatment or medication need to be administered at the Center? Yes   No
Could treatment (i.e., nebulizer) or meds be given by Center staff? Yes   No
If yes, would you provide Center staff with training? Yes   No
Does your child use specialized equipment for health or mobility? Yes   No
If yes, please specify:

Would you provide staff with training on use of such equipment? Yes   No
CHILD’S PERSONAL & DEVELOPMENTAL HISTORY

Part 1  (NAEYC 7.A.02)

Child’s Name ___________________________________________

If applicable, name step-parents or other adults living with your child:

Name & Relationship:  
Name & Relationship:  
Name & Relationship:  
Name & Relationship:  
Name & Relationship:  

Does your child live in more than one home? Yes   No
If yes, please describe:

Name and ages of siblings (or step-siblings) living with your child

Are there pets in the home? If so, please specify:

How has daytime child care been provided in the past? (Circle any that apply).

parent     grandparent     other relative     child care home     child care center     nanny

Even though your child is potty trained, does your child have problems with urination, bowels, or toileting? Yes   No   If yes, please specify:

Does your child have fears we should know of? Yes   No
If so, specify and provide tips for helping your child cope with them:

Has your child gone through a stage of biting other children? Yes   No  
If so, does it continue now? Yes   No.  
If yes, how do you handle it:

Describe your child’s general physical motor abilities
Child's Name ___________________________________

Describe your child’s preferred playmates, i.e., solitary, siblings, peers, adults:

Describe your child's preferred activities and likes, i.e., toys, games, books:

Describe your child’s dislikes:

Describe your child’s strengths:

Does your child watch television?  Yes  No  If yes, please favorite programs

Please describe the type of discipline for behavior you use at home:

Are there religious or family/cultural traditions your child observes?  Yes  No  If so, please specify:

Would you like to share any of your religious or family/cultural traditions with your child’s class?  Yes  No  If Yes, please specify:

Please describe any unique circumstances in your family or child’s life that may affect your child’s current behavior?  (For instance, child’s imaginary playmate; new sibling; a recent move; problems with child care arrangements; family death; illness or hospitalization; parent separation or divorce, etc.)

Please take a moment to describe your child’s personality and temperament to us:

What do you hope your child gains from enrollment in our program?
LANGUAGE DEVELOPMENT
(NAEYC 1.A.02)

Child’s Name ____________________________________

Is English your child’s primary language? Yes No

If not, what is?

If your child doesn’t speak English, provide phonetic spelling of words your child understands for:

Hello ___________ Goodbye ___________ Mom ___________
Dad ___________ Yes ___________ No ___________
Hungry ___________ Thirsty ___________ Tired ___________
Scared ___________ Hurt ___________ Potty ___________
Play ___________ Friend ___________ Like ___________
Outside ___________ Inside ___________

Describe your child’s language and communication ability:

PARENT SURVEY

Our Center conducts semester parent meetings during the fall and spring semesters. Are there specific topics you would like addressed? If so, specify:

Would you be interested in being at our parent meetings? Yes No
If yes, specify days of the week and times.

Do you have any personal talents/skills you would enjoy sharing with classroom children? (Such as a musical talent, crafts skill, etc). If yes, please specify:

How did you hear about ICC Children’s Center?

What influenced your decision to apply to our Center? (Circle any that apply).

location price reputation educational program head teacher director facility
RELEASE & SIGNATURE FORM

• I have read and understand the Photo, Observation, & Field Trip Release information on page 15 of the Parent Guide and I agree to give permission for each of the items listed. I will indicate any items that I disagree with below:

• I have read and understand the Shoe Policy on page 10 of the Parent guide and I agree to follow this policy.

• I have read and understand the Late Pick Up Policy on page 13 of the Parent Guide and I agree to follow this policy.

• I have read and understand the Guidelines for Positive Discipline on page 8 of the Parent Guide.

• I have read and understand the Parent Guide and will notify ICC Children’s Center Management if there is anything that is not clear to me.

_________________________________  ______________________________________
Print Child’s Name                        Parent’s Signature & Date
# ICC Children’s Center Billing Contract

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date of Birth:</th>
<th>Start Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent’s Name:</td>
<td>ICC ID #:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>E-Mail:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
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</tbody>
</table>

## What Is Your Affiliation with ICC?
- ICC Student:
- FT ICC Staff:
- FT Faculty:
- Public:
- PT ICC Staff:
- Adjunct Faculty:

## Are You Receiving Any Of The Following Financial Assistance?
- Child Care Connection:
- Financial Aid:
- Other or None:

## If Receiving Child Care Connection how will you pay your monthly Co-Payment and Registration & Supply Fees?
- Charged to Financial Aid
- Check or Cash at beginning of semester
- Auto-Payment from Charge Card or Bank Account

## Which Semester(s) Does The Schedule Below Apply To?
- Fall Only
- Spring Only
- Summer Only
- August Mini
- January Mini
- May
- All Year
- Vacation Dates (if qualified)

Please fill in the times you will need care below the appropriate days. Don’t forget to allow for transportation time to and from class or work. Also, please keep all times in 15 minute increments.

<table>
<thead>
<tr>
<th>Daily Schedule</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival Time</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Departure Time</td>
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</table>

I understand that all schedule changes differing from those listed above, will be in writing and approved by the Center Manager. I am also aware that I will be billed for the days and times I have listed above. If I need to add days or times, I will notify the Child Center Manager in writing, and charges will be added to my account. If I need to remove my child from the center or change my schedule, I will provide notice in writing to the Manager.

I agree that by signing below I am obligated to pay the account in accordance with the rates and terms of Illinois Central College and the Illinois Central College Children’s Center. Should the account be referred to a collection agency by Illinois Central College, I will pay reasonable collection expenses. All delinquent accounts bear interest at the legal rate. I certify that I have read and do understand the procedures and promise to pay the total fees by the due date.

Parent Signature: | Date: |

Office Use Only: ______________________ Date Received _____ Enrollment Sheet ______ Excel Sheet ______ People Soft ______ Marketplace