

ILLINOIS CENTRAL COLLEGE



# ENROLLMENT FORMS

Date Received or Completed	Required Forms, Handouts & Things To Do Checklist
	Take Tour
	Meet Teachers
	Enrollment Information & Parent Guide
	Emergency Contact & Authorization for Child Release
	Emergency Information
	Health Care Information
	Children With Disabilities or Special Health Needs
	Treatment Release
	Child's Personal & Developmental History Part 1
	Child's Personal & Developmental History Part 2
	Language Development
	Parent Survey
	Release & Signature Form
	ICC Children's Center Billing Contract
	Food Program Eligibility & Enrollment
	Payment Method Form for Payroll Deduction or Auto Pay
	Child's Physical & Immunization Records
	TB Skin Test or Waiver
	Lead Test or Waiver
	DCFS Verification of Receipt
	Copy of Birth Certificate
	NAEYC Accreditation Handout Information
	Illinois Early Learning Standards Handbook
	Bring Family Photo
	Bring Complete Change of Clothing
	Blanket and Small Pillow (Only if Napping)

# **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: \_\_\_\_\_

**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 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup>

(Call 1<sup>st</sup>) \_\_\_\_\_

(Call 2<sup>nd</sup>) \_\_\_\_\_

(Call 3<sup>rd</sup>) \_\_\_\_\_

**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



**HEALTHCARE INFORMATION** (continued)

Child's Name \_\_\_\_\_

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 PERSONAL & DEVELOPMENTAL HISTORY**

Part 2 (NAEYC 1.A.02)

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.

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**Print Child's Name**

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**Parent's Signature & Date**

# ICC Children's Center Billing Contract

Child's Name:		Date of Birth:		Start Date:	
Parent's Name:		ICC ID #:			
Phone:		E-Mail:			
Address:					

### 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:	
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### 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	
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### 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.**

Daily Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

**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:
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*Office Use Only: \_\_\_\_\_ Date Received \_\_\_\_ Enrollment Sheet \_\_\_\_ Excel Sheet \_\_\_\_ People Soft \_\_\_\_ Marketplace*