



Illinois Central College  
**Children's Center**

Child Care • Preschool • Lab School

# Enrollment Packet

**Illinois Central College Children's Center**  
**1 College Drive**  
**East Peoria, IL 61635**  
**(309) 694-5116 office**  
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**Kim Hahn, Interim Manager**  
**khahn@icc.edu**

# Enrollment Checklist

Date Complete	Required Forms, Handouts & Things To Do Checklist
	Take Tour
	Meet Teachers
	Receive Parent Guide & Enrollment Packet
	Submit Completed Enrollment Packet
	Submit Child's Physical & Immunization Records including: TB Skin Test Results of Waiver & Lead Test Results or Waiver
	Submit DCFS Verification of Receipt
	Submit Copy of Birth Certificate (Official from Courthouse)
	Receive NAEYC Accreditation Handout Information
	Illinois Early Learning Standards Handbook- Upon Request
	Bring Family Photo
	Bring Complete Change of Clothing

Thank you for choosing to enroll with ICC Children's Center. We look forward to getting to know your child and family better through your time here at our program. Please take time to give as much detail as possible to this enrollment process, as this will help our staff learn more about you and your child's needs. It also gives us insight into better serving your child and family. We are a Nationally Accredited program through the National Association for the Education of Young Children (NAEYC), who require we collect much of this information prior to your child attending, as a focus on relationship building is one of the cornerstones of Accredited programs. We appreciate your time and consideration in filling out this packet. Please fill out each white box or put N/A if it is Not Applicable. Please let the Manager know if you have any questions or concerns about the form. We must receive this at least 24 Hours prior to your child starting, so staff has an opportunity to get to know a bit about your child before they begin.

Kim Hahn  
Interim Manager  
ICC Children's Center

# CHILD INFORMATION

Requested Start Date:		Date Received:		Last Date Enrolled:	
Child's Days Attending: Upon Enrollment (X)	Monday	Tuesday	Wednesday	Thursday	Friday
Child's Times Attending:					
Child's Full Name: (First, Middle, Last)					
Name You Want Child to Learn to Spell:					
Birthdate: (mm/dd/yyyy)		Age at Enrollment:		Gender:	
Child's Primary Address: (Street)					
City:		State:		Zip Code:	

# PARENT/LEGAL GUARDIAN INFORMATION

Enrolling Adult Name: (First, Middle, Last)					
Student or Employee ID#:		Custodial Parent: (Yes or No)		Relation to child:	
Enrolling Adult Address: (Street)					
City:		State:		Zip Code:	
Home Phone:		Cell:		Work Phone:	
Preferred Email:			Facebook Name:		
Workplace Name/Position					
Workplace Address: (Street)					
City:		State:		Zip Code:	

## Relationship of Child's Parents/Legal Guardians: (Answer Yes or No)

Married:	Divorced:	Legally Separated:	Single:	Are Parents/Guardians on Amicable Terms?	Non-Custodial Parent/Guardian involved in child's life and decisions?

Other Parent/Legal Guardian Name:					
Student or Employee ID#:		Custodial Parent: (Yes or No)		Relation to child:	
Enrolling Adult Address: (Street)					
City:		State:		Zip Code:	
Home Phone:		Cell:		Work Phone:	
Preferred Email:			Facebook Name:		
Workplace Name/Position					
Workplace Address: (Street)					
City:		State:		Zip Code:	

# EMERGENCY CONTACTS-NOT PARENT OR LEGAL GUARDIANS

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).

<b>First Contact Name:</b> (First, Middle, Last)					
<b>Relation to Child:</b>				<b>Name Child Calls Them:</b>	
<b>Contact Address:</b> (Street)					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>		<b>Work Phone:</b>	
<b>Approved to Pick-Up?</b>		<b>Can Make Medical Decisions in Parent/Legal Guardians Absence?</b>			

<b>Second Contact Name:</b> (First, Middle, Last)					
<b>Relation to Child:</b>				<b>Name Child Calls Them:</b>	
<b>Contact Address:</b> (Street)					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>		<b>Work Phone:</b>	
<b>Approved to Pick-Up?</b>		<b>Can Make Medical Decisions in Parent/Legal Guardians Absence?</b>			

<b>Third Contact Name:</b> (First, Middle, Last)					
<b>Relation to Child:</b>				<b>Name Child Calls Them:</b>	
<b>Contact Address:</b> (Street)					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>		<b>Work Phone:</b>	
<b>Approved to Pick-Up?</b>		<b>Can Make Medical Decisions in Parent/Legal Guardians Absence?</b>			

In the event of an emergency if I cannot be reached and my child's other parent or legal guardian cannot be reached, I give my permission to the ICC Child Care 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.

<b>Enrolling Parent/Legal Guardian Signature:</b>		<b>Date:</b>	
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# HEALTHCARE INFORMATION

<b>Child's Local Physician Name:</b>							
<b>Physician Address: (Street)</b>							
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>			
<b>Office Phone:</b>				<b>Office Fax:</b>			
<b>Preferred Local Hospital:</b>							
<b>Child's Local Dentist Name:</b>							
<b>Office Address: (Street)</b>							
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>			
<b>Office Phone:</b>				<b>Office Fax:</b>			
<b>Child's Insurance Carrier:</b>							
<b>Insurance Carrier Address: (Street)</b>							
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>			
<b>Office Phone:</b>				<b>Office Fax:</b>			
<b>Does Child Have Food Allergies?</b>	<b>Food Names:</b>						
	<b>Symptoms:</b>						
	<b>Treatment:</b>						
<b>Does Child Have Medication Allergies?</b>	<b>Medication Names:</b>						
	<b>Symptoms:</b>						
	<b>Treatment:</b>						
<b>Does Child Have Insect or Animal Allergies?</b>	<b>Insect or Animal Name:</b>						
	<b>Symptoms:</b>						
	<b>Treatment:</b>						
<b>Does Child Have Any Special Health Concerns?</b>	<b>Describe:</b>						
	<b>Family or Doctor Preference:</b>						
	<b>Specify Limitations:</b>						
	<b>Accommodations Needed:</b>						
<b>Does Child have Proof of Updated Immunizations from Physician?</b>		<b>Does the Child Have a Negative TB Skin Test or Waiver from Physician?</b>			<b>Does Child Have Results of a Lead Screening or Waiver Physician?</b>		
<b>Date:</b>		<b>Date:</b>		<b>Date:</b>			

## TREATMENT RELEASE INFORMATION

I give the ICC Children's Center Staff permission to: (Please Initial & Date next to each item with which you agree)	Initial	Date
Apply a triple anti-biotic ointment in the event of a minor cut, scrape or wound.		
Apply a non-latex bandage in the event of a minor cut, scrape or wound.		
Apply sunscreen or lotions I supply as needed.		
Secure emergency medical care for my child in the event of a medical or injury related emergency. This care may be by an Emergency Medical Technician, other First Responder, or Hospital Medical Staff.		
Arrange for emergency transportation in the event of a medical or injury related emergency. This may be via vehicle of First Responders such as Campus Police, Local Police, Emergency Medical Technician, Local Fire and Ambulance.		
By giving permission to the ICC Children's Center Staff to administer these items to my child in my absence, I hereby relieve them of any liability involved in the administration of each item I initial.		
Parent/Legal Guardian Signature:		Date:

## SPECIAL HEALTH NEEDS INFORMATION

ICC Children's Center strives to accommodate children with special needs whenever possible. Please help us better serve your child by answering a few questions.

Is your child's differing ability: (x)	Mental	Visual	Auditory	Physical	Emotional	Behavioral
Specify Differing Ability:						
Specify Specialized Treatments:						
Specify Medication and if it Needs to be Administered at Center:						
Specify Any Specialized Equipment for Health or Mobility:						
Could You Provide Staff with Specialized Training if Needed:						

# CHILD'S FAMILY & PERSONAL INFORMATION

<b>Does Child Live in More Than One Home?</b>		<b>If Yes, Describe Schedule:</b>				
<b>Names of Step-Parents or Other Adults Living with Child:</b>	<b>Name:</b>		<b>Relationship:</b>			
<b>Names and Ages of Siblings or Step-Siblings Living with Child:</b>	<b>Name:</b>		<b>Ages:</b>			
<b>Pets Names and Kind:</b>						
<b>Previous Child Care Provided By:</b>	<b>Parent</b>	<b>Grandparent</b>	<b>Other Relative</b>	<b>Childcare Center</b>	<b>Childcare Home</b>	<b>Nanny or Babysitter</b>
<b>Specify Any Toileting Issues:</b>						
<b>Specify Any Fears the Child Has &amp; Tips About How to Help Them Cope:</b>						
<b>Specify if There Have Been Any Biting Issues in Past or Currently, and How They Are Handled:</b>						
<b>Specify the Child's General Physical Motor Abilities:</b>						
<b>Describe Child's Preferred Playmates (Solitary, Siblings, Peers, Adults):</b>						

## CHILD'S FAMILY & PERSONAL INFORMATION CONTINUED

**Describe Child's Preferred Activities & Likes (Toys, Books, Games, etc.):**

**Describe Child's Dislikes:**

**Describe Child's Strengths:**

**Child's Media Habits (How Much, Type, Specific Favorite Shows and Games)**

**Specify Any Religious or Family/Cultural Traditions Your Family Observes:**

**Specify if You Are Willing to Share Any of Your Religious or Family/Cultural Traditions in the Classroom:**

**Specify Any Unique Circumstances in Your Family or Your Child's Life Which May Affect Their Behavior (Divorce, Death, Illness, New Sibling, etc.)**

**Explain Your Child's Temperament & Personality:**

**Explain Your Hopes for What Your Child Will Gain By Being Enrolled in Our Program:**



# CHILD'S LANGUAGE DEVELOPMENT

<b>Child's Primary Language</b>	<b>Family's Primary Language</b>	<b>Language You Prefer Child To</b>						
<b>If English Is Not Your Child's First Language Please Phonetically Spell the Words Your Child Will Understand:</b>								
<b>Mom</b>	<b>Dad</b>	<b>Hello</b>	<b>Goodbye</b>	<b>Hungry</b>	<b>Thirsty</b>	<b>Yes</b>	<b>No</b>	<b>Hurt</b>
<b>Potty</b>	<b>Like</b>	<b>Play</b>	<b>Friend</b>	<b>Outside</b>	<b>Inside</b>	<b>Scared</b>	<b>Happy</b>	<b>Tired</b>
<b>Describe Child's Language &amp; Communication Ability:</b>								

# PARENT SURVEY

<b>Specify Any Topics of Child Care You Would Like More Information About: (Nutrition, Health, Safety, Curriculum, Etc.)</b>							
<b>Specify Your Level of Interest In Parent Meetings to Discuss These Topics (In-Person, Virtual, Information Sheets, etc.)</b>							
<b>Describe Any Talents or Skills You Would Like To Share in Your Child's Classroom (Art, Music, Reading, etc.)</b>							
<b>How You Heard About Us:</b>	<b>Website</b>	<b>Facebook</b>	<b>Student Service or Advisor</b>	<b>Reputation</b>	<b>Other (Specify)</b>		
<b>Why You Chose Us:</b>	<b>Cost</b>	<b>Location</b>	<b>Reputation</b>	<b>Quality</b>	<b>Teaching Staff</b>	<b>Facility</b>	<b>Other (Specify)</b>

# PHOTO, OBSERVATION & FIELD TRIP POLICIES

The ICC Children's Center is a Lab School working collaboratively with various ICC Programs to meet educational goals of students. Additionally, the ICC Children's Center works with other Community Programs to provide educational opportunities and professional development within the field of Early Care and Education. With this in mind, please consider each of the statements carefully and initial and date your understanding of our processes and policies, and list any concerns. (Foster Children will be exempt from any public display, promotional materials, website, social media, television, or news coverage.)

	Date	Initial	Concern
My child's photographs may be displayed in the classroom.			
My child's photographs may be displayed on bulletin boards outside of our classrooms. (No name will be used in conjunction with photographs.)			
My child's photographs may be posted on the ICC Children's Center website, Facebook or other social networks, brochures, posters, and handbooks. (In these cases your child's name will not be used.)			
My child's photograph may be taken for the Harbinger publication (campus newspaper).			
My child's photographs or video may be taken for television such as news events, or local newspapers.			
My child may be observed by academic and non-academic visitors to the Center. These observations are approved by Center Management and are not for diagnostic purposes.			
My child may be video and audio recorded for educational purposes (Used for staff meetings, parent meetings, and various ICC Courses needing to observe children in a group setting)			
My child will be observed by non-Center personnel for teaching or training purposes. My child may participate in observation projects conducted by those authorized by the Manager.			
My child may participate in Center-sponsored field trips and excursions whether transportation is by foot or vehicle. I will be notified ahead of time when traveling by vehicle.			

By initialing and signing these statements, I hereby relieve the ICC Children's Center and Staff of any liability involved in these actions. Any concerns (as they arise) will be discussed and solutions agreed to by both the parents/legal guardians and center staff.

Parent/Legal Guardian  
Signature:

Date:

# ICC Child Care 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?		Payment Plan on your ICC eServices Account?	
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## Which Semester(s) Does The Schedule Below Apply To?

Fall Only		Spring Only		Summer Only	
All Year		Only specified dates needed: (List)			

**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 Child Care 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, I will provide two week's 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 Child Care 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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