

First Baptist Preschool & Kindergarten
820 Ontario St.
Oak Park, IL 60302
708/383-1190
Email: fbc820@yahoo.com
Website: www.opfbcschool.com
Blog: 1stbaptistpk.blogspot.com

Enrollment Application Package

For enrollment to be complete, all items listed below must be returned to school office.

Checklist

- Birth Certificate**
- Emergency Card**
- Application (6 pages)**
- Immunization Record (current within 6 months of start date)**
- Family Financial Agreement**
- DCSF Sign Off**
- Security Policy Sign Off**
- Discipline Policy Sign Off**
- Attendance & Child Care Cost Policies Sign Off**
- School Transportation Consent**
- Van Outing Sign Off**
- Parking Policy Sign Off**
- Video Release Sign Off**
- Handbook Sign Off**
- ASQ:SE Questionnaire Complete Online (Preschool Students only)**

First Baptist Preschool & Kindergarten
Emergency Card

Classroom _____

Child's Name _____ Birth Date _____
Address _____ City _____ Zip _____
Father's Name _____ Home phone _____
Cell _____
Address _____ City _____ Zip _____
Father's Business _____ Bus. phone _____

Email _____

Mother's Name _____ Home phone _____
Cell _____
Address _____ City _____ Zip _____
Mother's Business _____ Bus. phone _____

Email _____
Marital Status _____ Custody to _____
Emergency (3rd person) _____
Address _____ Phone _____
Physician _____
Address _____ Phone _____
Date Enrolled _____ Date Withdrawn _____
Hospital of Choice _____
Special health conditions if any, state _____
Any food allergies _____
Schedule Days _____ Hours _____
New Class _____ Date _____
New Class _____ Date _____
New Class _____ Date _____

Tuition is past due after the 5th of the month

Note: If you and the Physician of choice indicated above cannot be reached in an emergency and if, in the judgment of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to send your child (properly accompanied) to the West Suburban Hospital? _____ Yes _____ No

Signature of Parent or Guardian _____

Date _____

First Baptist Preschool & Kindergarten
820 Ontario Street . Oak Park, Illinois . 60302 . 708/383-1190

Enrollment Application Package

DCFS LICENSING REQUIREMENT

I understand that in order for my child to attend the First Baptist Preschool & Kindergarten, I agree to the following policies:

That the Preschool & Kindergarten shall not be responsible in case of sickness, accident, or injury while my child is in attendance of the Preschool & Kindergarten's activities, and that the Preschool & Kindergarten staff may secure necessary medical care in case of an emergency when I cannot be reached by telephone or in a life threatening situation.

That my child may go on walking field trips taken by the program under proper supervision without prior notice.

That photographs, videos, and sound recordings of my child may be taken and used for the purpose of publicizing the Preschool & Kindergarten.

That the Preschool & Kindergarten may exchange information regarding my child with those professional agencies or people concerned with my child's education and health. I fully understand that this may entail social, medical, educational, or psychological information.

I will provide proof that my child has had a current physical examination within the last six months prior to enrollment in the Preschool & Kindergarten, and I will also provide current immunization records, and updated immunizations, as required by state and local health regulations. I will give written authorization for any medicine to be given.

I understand that the Preschool & Kindergarten cannot care for sick children, and I will pick up my child if he or she becomes ill while in attendance of the program.

I will provide spare clothing (extra underwear and a change of clothing) as needed.

I will keep the Preschool & Kindergarten staff informed of any change of address, home or work telephone numbers, and emergency contacts, and I agree to share any relevant information with the Preschool & Kindergarten that may concern my child's development and behavior.

I understand that a designated adult may accompany my child in and out of the Preschool & Kindergarten, and that my child will not be allowed to leave the Preschool & Kindergarten with a non-authorized adult, and that my child should be brought directly to the teacher in charge of his or her group I understand that written authorization is the only acceptable means of verification.

I will bring my child by 9:00 a.m. so that he or she can take a full and active part in our daily program. I will call the Preschool & Kindergarten by 9:00 a.m. when my child is to be absent or late in arriving. I understand that my child is to be picked up by 6:00 p.m. I agree to pay \$1.00 per minute thereafter.

I understand that all cases or suspected child abuse or neglect must be reported by the Preschool & Kindergarten to appropriate authorities.

Signature

Relationship

Date

First Baptist Preschool & Kindergarten
820 Ontario Street . Oak Park, Illinois . 60302 . 708/383-1190
BACKGROUND INFORMATION

Child's Name (Last, First) _____

Birth Date _____

Personal History

Type of birth: Normal Premature Any Complications _____
Age began sitting: _____ Crawling: _____ Walking: _____

Is he/she a good climber? _____ Does he/she fall easily? _____ Age he/she began talking _____
Does he/she speak in words? _____ Does he/she speak in sentences? _____

Does he/she have any difficulties in speaking? _____ Does he/she speak in other languages? _____
Special comments describing his/her needs: _____

Health

What arrangements can you make for child's care during illness? _____

Family Doctor _____ Address/City/State/Zip Code _____ Telephone _____

What communicable diseases has your child had:

Measles (Big Red) Measles (Three-day) Mumps Chicken Pox Whooping Cough Other

Any serious illness or hospitalization? _____

Hospital Preferred _____

Any physical disabilities _____

Any known allergies (asthma, hay fever, insect bites, medicines, etc)? _____

How many colds has your child had this year? _____ How does your child react to an elevated temperature? _____

Special instructions if your child becomes ill: _____

Are any medications given regularly? _____ Has a doctor ever prescribed aspirin? _____

Eating

Is your child usually hungry at mealtime? _____ Between meals? _____ What are some favorite foods? _____

What foods are refused? _____

Describe any eating problem your child might have: _____

Any food allergies? _____

Does your child eat with a spoon? fork? hands?

Toilet Habits

Can your child be relied upon to indicate his/her bathroom wishes? _____ What word is used for urination? _____

Bowel movement? _____ Does your child need to go more frequently than usual for his/her age? _____

Is he/she frightened of the bathroom? _____ Does he/she have accidents? _____

How does he/she react to them? _____ Does he/she need help with toileting? _____

Sleeping

What time does your child go to bed? _____ Awaken? _____ Is he/she ready for sleep? _____

Does he/she have his/her own room? _____ Own bed? _____ Does he/she walk, talk or cry out in his/her sleep? _____

What does he/she take to bed with him/her? _____ What is his/her mood upon waking? _____

Does he/she take naps? _____ From (when) _____ to (when) _____

Previous Child Care

Name of home or center Address/City/State/Zip Code Telephone
Satisfaction level: _____
Reason for leaving: _____

Social Relationships

Has he/she had experiences in in playing with other children? _____
By nature, is he/she (Y/N) Friendly? Aggressive? Shy? Withdrawn?
How does he/she get along with his/her brother(s) and sister(s)? _____ Other adults? _____
With what age child does he/she prefer to play? _____ Does he/she know any children in our school? _____
Doe you feel that he/she will adjust easily to the school setting? _____
Does he/she enjoy being alone? _____ How does he/she relate to strangers? _____
Does he/she demand a lot of adult attention? _____ What makes him/her mad or upset? _____
How does he/she show his/her feelings? _____
What do you find is the best way of handling him/her? _____
Who does most of the disciplining in your home? _____
Is he/she frightened of the following (Y/N): Animals? Tall people? Rough children? Loud noises?
 Dark? Storms? Others? Please list: _____
Favorite toys and activities at home: _____
Does he/she like to be read to? (Y/N): Listen to music? Does he/she like to play outdoors? _____
Can he/she ride a tricycle? _____ Has he/she had experience with: clay? scissors? painting? blocks?

Family Background

How would you describe your child’s role and position in your family? Is your child the “baby,” the “good example,” or the “middle child,” etc.?

Please describe any alliances and/or frictions in the family that you think we should be aware of.

Have there been any major changes in the family constellation, such as divorce or death?

Have there been any difficulties or crises in your family that may have affected the emotional well-being of your child?

We are interested in your conception of our Preschool & Kindergarten. What do you expect this Preschool & Kindergarten program to do for your child?

Do you have any complaints or unanswered questions about our program?

Are there changes or improvements you’d like to see our Preschool & Kindergarten consider for the future?

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Child Pick-Up Authorization

The Preschool & Kindergarten will make every possible attempt to release your child only to those persons who are authorized by you to take him or her from the school. We must, however, have your cooperation in giving us full information about the persons to whom you give this authorization.

Please fill out the form below and notify us whenever there are any changes.

First Baptist Preschool & Kindergarten
820 Ontario Street . Oak Park, Illinois . 60302 . 708/383-1190

Child Pick-Up Authorization

Date

Name of Child

Besides myself, the following people are authorized to pick up my child **regularly**. If this other person will come only on certain days, please indicate the schedule.

Name

Address/City/State/Zip

Day Phone

Evening Phone

Name

Address/City/State/Zip

Day Phone

Evening Phone

If there is a **temporary** need for someone different picking up my child, I shall notify the school by note or phone call, in advance, giving the school the name of that person. I understand that any member of the staff who is responsible for my child may ask for identification when a person unknown to him or her comes to pick up my child.

Signature of parent or guardian

Date

First Baptist Preschool & Kindergarten
820 Ontario Street | Oak Park, Illinois | 60302
708383-1190

TRIAL PERIOD

Dear Parents,

We are happy to welcome your child(ren) to the First Baptist Preschool & Kindergarten. We do our best to provide a caring and stimulating environment. However, in of our best interests, we have a policy of a *one month trial period* for new children. If, at the end of that time, we find that your child(ren) does not fit into our structure, or has repeated tardiness of arrival after 9 AM, we will ask you to withdraw him/her. Children are special and have special needs which we do our best to meet. Sometimes it is readily apparent that we are not equipped to deal with certain needs. We believe repeated tardiness shows a lack of respect for what we do.

This is not to be a punitive action, but rather an action taken with your child(ren)'s best interests at heart and the productive flow of our school day.

I/We have read the foregoing and accept this agreement.

(Signatures of Parents or Guardians)

Date

CONSENT AGREEMENT

I/We have read the foregoing pages and accept this agreement.

(Signatures of Parents or Guardians)

Address

City

State

Zip

Date



State of Illinois Certificate of Child Health Examination

Student's Name				Birth Date			Sex	Race/Ethnicity			School /Grade Level/ID#							
Last		First		Middle		Month/Day/Year												
Address				Parent/Guardian			Telephone # Home			Work								
IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for <u>every</u> dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.																		
REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenzae type b																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps, Rubella																		
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																		
Hepatitis A																		
HPV																		
Influenza																		
Other: Specify Immunization Administered/Dates																		
Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.																		
Signature										Title				Date				
Signature										Title				Date				
ALTERNATIVE PROOF OF IMMUNITY																		
1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result. *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR																		
2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease. Date of Disease Signature Title																		
3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/> Measles* <input type="checkbox"/> Mumps** <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella Attach copy of lab result. *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence. **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.																		
Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____ Physician Statements of Immunity MUST be submitted to IDPH for review.																		

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

Last			First			Middle			Birth Date Month/Day/ Year			Sex	School		Grade Level/ ID	
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER																
ALLERGIES (Food, drug, insect, other)		Yes	No	List:			MEDICATION (Prescribed or taken on a regular basis.)			Yes	No	List:				
Diagnosis of asthma?		Yes	No				Loss of function of one of paired organs? (eye/ear/kidney/testicle)			Yes	No					
Child wakes during night coughing?		Yes	No				Hospitalizations? When? What for?			Yes	No					
Birth defects?		Yes	No							Yes	No					
Developmental delay?		Yes	No							Yes	No					
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.		Yes	No				Surgery? (List all.) When? What for?			Yes	No					
Diabetes?		Yes	No				Serious injury or illness?			Yes	No					
Head injury/Concussion/Passed out?		Yes	No				TB skin test positive (past/present)?			Yes*	No	*If yes, refer to local health department.				
Seizures? What are they like?		Yes	No				TB disease (past or present)?			Yes*	No					
Heart problem/Shortness of breath?		Yes	No				Tobacco use (type, frequency)?			Yes	No					
Heart murmur/High blood pressure?		Yes	No				Alcohol/Drug use?			Yes	No					
Dizziness or chest pain with exercise?		Yes	No				Family history of sudden death before age 50? (Cause?)			Yes	No					
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)							Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate Other									
Ear/Hearing problems?		Yes	No				Information may be shared with appropriate personnel for health and educational purposes.									
Bone/Joint problem/injury/scoliosis?		Yes	No				Parent/Guardian Signature					Date				
PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA																
HEAD CIRCUMFERENCE if < 2-3 years old			HEIGHT			WEIGHT			BMI			B/P				
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>																
LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.) Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ Result _____																
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm . No test needed <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Read / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ Blood Test: Date Reported / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____																
LAB TESTS (Recommended)		Date		Results			Date		Results							
Hemoglobin or Hematocrit				Sickle Cell (when indicated)												
Urinalysis				Developmental Screening Tool												
SYSTEM REVIEW	Normal	Comments/Follow-up/Needs				Normal	Comments/Follow-up/Needs									
Skin						Endocrine										
Ears		Screening Result:				Gastrointestinal										
Eyes		Screening Result:				Genito-Urinary		LMP								
Nose						Neurological										
Throat						Musculoskeletal										
Mouth/Dental						Spinal Exam										
Cardiovascular/HTN						Nutritional status										
Respiratory		<input type="checkbox"/> Diagnosis of Asthma				Mental Health										
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)						Other										
NEEDS/MODIFICATIONS required in the school setting						DIETARY Needs/Restrictions										
SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup																
MENTAL HEALTH/OTHER Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal																
EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.																
On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)																
PHYSICAL EDUCATION Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> INTERSCHOLASTIC SPORTS Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>																
Print Name			(MD,DO, APN, PA)			Signature			Date							
Address						Phone										

First Baptist Preschool & Kindergarten

820 Ontario Street . Oak Park, Illinois . 60302 . 708/383-1190

FAMILY FINANCIAL AGREEMENT 20____ - 20____

This is our agreement for the payment of childcare cost of our child(ren) at First Baptist Preschool & Kindergarten.

I/We have chosen to pay our monthly childcare cost:

- 100% once a month on the 5th of each month using ACH, credit/debit, check, money order or cash.
 - 50% twice a month on the 5th and the 20th of each month using ACH, credit/debit, check, money order or cash.
1. I/We understand that the childcare cost will be \$_____a month. We also agree to pay all late fees and NSF charges as stated in the Childcare Cost Policy.
 2. I/We agree to make these payments on time as part of my/our responsibility to First Baptist Preschool & Kindergarten
 3. I/We agree to pay \$200 per school year to fulfill our Fundraising Contract, and I/We agree to make this payment within 3 months of the first day of the new school year, or within 3 months following the first day of enrollment of the child.
 4. I/We understand the Registration Fee is \$75 per family.
 5. I/We understand there is a \$25 Materials Fee per student.
 6. I/We are responsible for payment of all scheduled "School Closed" days as designated in the FBCPK calendar.
 7. I/We understand that First Baptist Preschool & Kindergarten may choose to use a credit collection agency to recover any unpaid childcare cost.

Parent's Signature

Date

Social Security Number

Parent's Signature

Date

Social Security Number

First Baptist Child Development Center, Preschool & Kindergarten

Program	Schedule	Offerings	Child Care Cost		
			Twice a month	Monthly/5 Day Week	Daily
A) Preschool--2,3,4 yr. olds	8:30AM--11:30AM	Readiness Program	\$290.00	\$580.00	\$29.00
B) Jr. Kindergarten--4-5 yr. olds	8:30AM--11:30AM	Readiness Program	\$290.00	\$580.00	\$29.00
C) Kindergarten--*5 day attendance required	8:30AM--11:30AM	Kindergarten Readiness Program	\$290.00	\$580.00	\$29.00
D) Preschool, Jr. Kindergarten with extended PM care, 2-5 yr. olds	More than 3 hours Up to 5 hours	Child Care, Rest Time Group Play Lunch included	\$350.00	\$700.00	\$40.00
E) Full day--5 day per week Program, 6 hours or more per Day Preschool, Kindergarten, 2-6 yr. olds.	6:30AM--6:00PM	Child Care, Readiness Program, Rest Time, Lunch included	\$450.00	\$900.00	\$45.00
F) After School Program	End of School Day Until 6:00PM	Snack, Free-play, Structured Activities	\$207.50	\$415.00	\$20.75

****Multi-child Discount--10% off total child care cost**

Revised December 9, 2018

Other Financial Information

Registration Fee.....\$75 per family each year to secure enrollment

Materials Fee.....\$25 per child - due at time of registration. Covers class materials (we ask parents to supply Kleenex tissue and boxes of wipes quarterly through the year).

Child Care

Cost Deposit.....Half (1/2) of monthly child care cost. Due in full by end of second month of attendance. Child care cost deposit will cover the last two weeks of attendance, if four **weeks written notice** is received by Director prior to last day of attendance.

Example:

Last day of attendance is June 1st, written notice must be received by May 15th. No child care cost is required for June 1st - 15th, child care cost deposit covers these 2 weeks.

Fundraiser Fee.....\$200 per family each school year. New students fee due three months following the first day of enrollment. Current student's Fundraiser Fee is due by October 30th each year.

Late Fee.....Charged as follows:

- If child care cost due by the 5th of the month is late a fee of \$25 will be charged
- If child care cost due by the 20th of the month is late a fee of \$25 will be charged
- If no payment has been received by the 20th of the month a \$50 late fee will be charged

Late pick-up Fee.....School is closed at 6:00 PM. A late fee of \$1 will be charged per minute as of 6:01pm.

Introduction

The Department of Children and Family Services (DCFS) is responsible for licensing day care centers. When a day care center is licensed, it means that a DCFS licensing representative has inspected the facility and the facility was found to meet the minimum licensing requirements. A license is valid for three years. The day care center's license must be posted. It will indicate the maximum number of children allowed in the facility and the areas where children may receive care.

Licensed day care facilities are inspected annually by DCFS licensing staff. If a complaint has been received regarding a violation of the licensing standards of a day care center, a licensing representative will conduct a licensing complaint investigation to determine if the alleged violation should be substantiated or unsubstantiated. Individuals may contact the Day Care Information Line to learn of substantiated violations.

Day Care Information Line 1-877-746-0829

This statewide toll-free information line provides information to the public on the past history and record, including substantiated violations, of licensed day care homes, day care centers, and group day care homes. This number operates Monday through Friday from 8:30 a.m. to 5:00 p.m.

Summary of Licensing Standards for Day Care Centers

The following is a summary of the licensing standards for day care centers. It has been prepared for you so that you may monitor the care provided to your child. This is a summary and does not include all of the licensing standards for a day care center. State licensing standards are *minimum* standards. If you observe a violation of any of these standards, you are encouraged to discuss your concerns with the day care center operator. In most cases, parents and day care operators are able to resolve the parents' concerns and issues. If you believe the day care operator is not responding to your concerns and may not be meeting state licensing standards, you may make a complaint to the local DCFS Licensing Office or by calling the Child Abuse Hotline at 1-800-252-2873 and stating that you want to make a licensing complaint. A DCFS licensing representative will investigate your complaint and report the results back to you. The day care center is required to provide a copy of its own written policies regarding the operation of the facility to each staff person and to parents of enrolled children.

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.

First Baptist Preschool & Kindergarten
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Enrollment Application




Package Security Policies

Security of the students, staff, and parents at our school is of utmost importance and concern.

The following is the stated Security Policy at First Baptist Preschool & Kindergarten.

Entrance to the School Key Code

The code is changed at the beginning of each school year. The only people who should have the code are:

-  Parents, guardians, and the authorized “Pick up” person of students attending our school. Parents **should not give** the code to anyone else. This includes other children in their family, or any other person in the family. All other people needing access must use the doorbell and gain access through the church receptionist or use entrance on Grove St. and ring bell.
-  Staff of the school
-  Church members—those who have authorization for access to the church building for activities other than Sunday services and Sunday school

The Authorized Pick Up Person

Each Enrollment Application includes a “Child Authorization Pick Up” form. Those people listed by the parent will be allowed to pick up the child, with a phone call from the parent. They must show a picture ID upon entry to the school. If someone other than those individuals listed will be picking your child up, you need to:

1. Call First Baptist telling name of person who will pick up your child that day. They must present picture ID at time of pick up.
 - Personal notification of the child’s teacher must be made either through the receptionist, director, or assistant director.
 - The closing teacher will also be notified. A note stating who will pick up the child will be attached to the sign out sheet of that child’s classroom.

Sign In/Out Procedures

The Sign In/Out Procedure is very important. This procedure acknowledges that the child has been placed in our custody and we become legally responsible for your child on that particular day and time.

The Sign In/Out Sheet notebook will be located in the opening classroom (123 Sesame St.) at 6:30 a.m., in the gym after 8:15 a.m., and in the central hallway after 9:00 a.m.

Parents are requested to sign their child in and bring their child to the classroom. The teacher then can acknowledge custody of the child.

Parents must sign child out including time, after verbally acknowledging to staff member the child is leaving the school for the day. Please use your signature or initials on sign-in/out sheet.

Not “Mom, Dad, or Grandma, etc.”

Drop off/Pick up Procedure

(This procedure will be followed either before or after the Sign In/Out procedure.)

1. All children must wash hands and use the bathroom.
2. Parents must accompany their child to the Opening Room. (sometimes this may be the Gym or outside Playground. A notice will be posted on the 123 door indicating where the child should be taken to if they are not in the 123 Room, gym, or outside playground. After 8:45 a.m. the child will be taken to their classroom. The parent must make sure that Staff acknowledges that the child has arrived.
3. All children's belongings must be taken by the parent to the child's classroom and placed in the child's locker in the bag provided.
4. Parents must take responsibility for children's belongings in the evening. **No child should be sent to their classroom to collect their belongings.** Children will not be allowed to bring their belongings to the gym in the evening. The only exception will be for the After School Program students, who come to the gym after 5:45 p.m.

Parental Responsibility

We are concerned that some people have entered our facility because they were following someone who had used the key code for entrance. We ask that you not let **anyone** in with you who you do not recognize as a parent or Staff person. Common courtesy may sometimes suggest that we hold the door for someone behind us. We must not allow this courtesy, on our part, to inadvertently allow someone in our facility, who may cause harm to our children or staff.

Please advise someone who tries to enter with you, who you do not recognize, that this is a secure facility. Your intention is not to be rude but that you will close the door and then they may use the key code, if they have it, or use the doorbell to gain entry to the facility. Do not allow someone to look over your shoulder as you enter the code. Our children's safety is of utmost importance and must take precedence over the possibility of appearing rude.

Please do not give your child the code.

Our Security Policy has been recently reviewed (1/11/2019).

First Baptist Preschool & Kindergarten
820 Ontario St.
Oak Park, IL
60302 708/383-1190

Enrollment Application

Package Security Policy Sign

Off

I have read the School Security Policy and agree to the plan. I understand the dismissal procedures and will cooperate and abide by policies and procedures stated.

Child's name

Parent's signature

Date

First Baptist Preschool & Kindergarten
820 Ontario St.
Oak Park, IL
60302 708/383-1190

Enrollment Application

Package School Discipline Plan

Prohibited Behavior

- Disrespect to an adult
- Foul language and obscene gestures
- Fighting
- Destroying property

Parental support is needed and appreciated to encourage children to observe school rules and procedures. First Baptist is glad to work closely with parents to teach and maintain responsible student behavior. The goal of discipline is to develop and teach responsibility. Discipline shall be the responsibility of adults who have an ongoing relationship with the child.

Firm, positive statements or redirection of behavior and/or activity shall be the disciplinary techniques used at First Baptist. Through communications (verbal or written) with your child's teachers, you will remain well-informed of your child's social growth and development.

If the child displays continuous violent behavior, becomes out of control, or seems not to be benefiting from his/her experience at First Baptist, a conference between parents/teachers, and director will be set to determine the best course of action for the benefit of the child.

Dismissal Procedures

In most cases parents will be notified two (2) weeks in advance of the school's decision to dismiss a child. Reasons can be for any of the following:

1. Repeated absences, tardiness or late pick-up of the child.
2. Child demonstrates an inability to benefit from the program offered at First Baptist or when the child's presence is detrimental to the group. (This includes insufficient urine and/or bowel control or insufficient self-control which has proven harmful to others.)
3. Failure to pay fees.
4. Failure to cooperate and abide by policies and procedures after this has been brought to your attention by staff.

Positive discipline practice will be used at First Baptist Preschool & Kindergarten to show consideration, respect and that there are consequences for bad behavior. First Baptist is glad to work closely with parents to teach and maintain responsible student behavior. The goal of discipline is to help each child grow in self-esteem, develop self-control, and successfully become a member of a group, by developing and teaching responsibility. Discipline is an on-going teaching process, that is the sole responsibility of the classroom staff, the adults and parents who have on-going relationships with the children. Parents will be informed of any situations pertaining to discipline and directly involved in the process of resolution.

The following guidelines for discipline are recommended:

Redirection will be used to help the child gain control, and have time to consider the behavior that was inappropriate. First Baptist Preschool & Kindergarten believes that children should have the opportunity to solve their own problems. It is our job to provide them with a variety of strategies, give positive reinforcement and teach responsibility.

A time-out procedure will be used only when necessary to separate a disruptive child from the group. Removal time will equal the child's age, for example: 3 years old = 3 minutes.

Children shall not be disciplined for the failure to eat, toilet accidents, or failure to sleep.

There will be no corporal punishment, (including hitting, spanking, beating or any other measures to induce pain). No child will be humiliated or subjected to abusive or profane language, threats or punishment, or derogatory remarks toward the child. Discipline techniques will not humiliate, shame, reject, or frighten a child.

Discipline will not include withholding food, rest, or toilet use. No child will be placed in a room alone.

Physical restraint will only be used when a child is in danger of harming himself or others.

First Baptist Preschool & Kindergarten aims to provide a developmentally appropriate program that is consistent and structured to meet the needs of individual children. While it is recognized that children in a social setting may display violent or challenging behavior at times, exclusion proceedings will begin when a child exhibits such behavior with others in the group. In addition, there are times when a philosophy will differ from that of the Preschool & Kindergarten. In those cases every effort will be made to accommodate the family, but at times, families will be asked to leave the program to find another program whose services/philosophy more closely meets their needs.

Procedure prior to exclusion for behavioral reasons:

Teachers must take regular anecdotal notes on a child who exhibits inappropriate behavior. Where a problem is documented over a period of time, teachers inform the parents and seek assistance in changing the behavior. If positive change is not made, teachers will request assistance from the Director(s).

The Director(s) will observe the child and make written observations as well.

A staffing with teacher, support staff for the child's room, program director(s) and parent(s) will take place to discuss: detrimental behavior, unusual circumstances, changes in home life, classroom techniques which have been utilized either effectively or ineffectively, period of time over which behavior has occurred, parental involvement. Plans may include: referral for extra services, alternative attendance plans, mandatory parent participation, behavior contract with the child and set goals for the child.

Set a date for review within two weeks.

5. If no improvement is noted in the behavior or if parents are uncooperative in efforts to assist the child, dismissal will be recommended. Parents may be given two weeks to find alternative care for the child. This will be dependent on type of behavior exhibited and the potential for harm to the child or others. In this case, immediate dismissal will be necessary. The parent will need to find alternative care immediately. Administrative staff will help parents seek alternative day care for children who have been dismissed. A termination letter will be placed in child's file as well as delivered to parent in person.

First Baptist Preschool & Kindergarten
820 Ontario St.
Oak Park, IL
60302 708/383-1190

Enrollment Application Package Discipline Policy Sign Off

I have read the Discipline Policy and agree to the plan. I understand the Dismissal Procedures and will cooperate and abide by policies and procedures stated.

Child's Name

Parent's Name

Date

First Baptist Preschool & Kindergarten
820 Ontario Street
Oak Park, IL 60302
(708) 383-1190

Child Care Costs Policy

Our childcare cost is based on 12 months of service.

We give parents several options for payment of their child care costs. We offer electronic payment through ACH, credit/ debit, money order, cashier's check or cash.

According to the Financial Agreement parents elect to make payment on the 5th of the month or twice monthly on the 5th and the 20th. If the due date falls on a week end payments will be due on the Friday prior to. For example, Saturday is on the 5th payment must be paid on Friday, the 4th.

Late Fees will be charged as follows:

1. If child care cost due by the 5th of the month is late a fee of \$25 will be charged
2. If child care cost due by the 20th of the month is late a fee of \$25 will be charged
3. If no payment has been received by the 20th of the month a \$50 late fee will be charged.

If payment is not paid in full by the last business day of the month the student may not return the following month until child care costs and late fees are paid. The student's space will be held for one week then made available for a new enrollment.

Our school functions only through the collection of childcare cost, and when your childcare cost is not paid in a timely fashion, it impacts our ability to pay salaries and bills.

This policy will be strictly enforced. You will be responsible for paying your childcare cost; **not receiving** a bill is not an excuse. We distribute a monthly statement as a courtesy or a reminder. First Baptist Preschool & Kindergarten may choose to use a credit collection agency to recover any unpaid childcare cost.

Attendance Policy

Our school opens for before-school care at 6:30 a.m. After 8:30 a.m. students start going to their classrooms for preparation for the breakfast snack and the daily schedule for their classes.

We are requesting that all preschool students arrive at school **no later** than 9:00 a.m. (breakfast snack). Parents must notify teachers in advance of doctor's appointments and other reasons for late arrival. Children will not be allowed to enter school after 9:15 a.m. You **will** be responsible for the child care costs for that day.

Kindergarten students must arrive no later than 8:30 a.m. The kindergarten curriculum is based on three hours of attendance, five days per week.

We are serious about what we do and hope you understand the importance of this policy.

Child/Children Name(s)

Parent's Signature

Date

First Baptist Preschool & Kindergarten
820 Ontario St.
Oak Park, IL 60302
708/383-1190

Enrollment Application Package

School Transportation Consent Form

I give my permission to First Baptist Preschool & Kindergarten to pick up my child,

_____ from his/her school: _____

at _____.

I will notify the school one (1) week in advance of any holidays or changes in schedule.
In case of illness, I will call the school no later than 9:00 a.m. of my child's absence from school.
Your child will be pick up in the church van
I have advised my child about appropriate behavior and safe practices while on the van.

Parent's Name

Date

First Baptist Preschool & Kindergarten
820 Ontario St.
Oak Park, IL 60302
708/383-1190

Van Outings

Consent Form

The school may use the church van for nearby outings and field trips. We require a permission slip in your child's file so he/she may be included in these outings.

Tear here



First Baptist Preschool & Kindergarten 820
Ontario St. . Oak Park, IL 60302

Van Outings
Consent Form

You have my permission for my child _____ to go
in the church van on nearby outings. Child's Name

Parent's Name

Date

First Baptist Preschool & Kindergarten
820 Ontario St.
Oak Park, IL 60302
708/383-1190

Enrollment Application Package Parking Policy

Please review our parking and pick-up policies. For a number of years we have worked hard to be good neighbors and conscientious of the noise and traffic at particular times of the day. It is important for parents to adhere to the following policy.

Parking, Drop-off/Pick-up and Playground Policy

1. Parking in the loading zone. You should only use this parking for 10 minutes or less. (After 6:00 p.m. our neighbors use this space for parking)
2. No double parking.
3. No parking in indicated areas such as fire hydrants or across personal driveways. You will be ticketed!
4. Safety of all children is of utmost importance. Do not walk your child across the street (Ontario St. & Grove St.) in the middle of the block. Use corner crossings.
5. All children must be signed "in" and "out."
6. When putting your child in your car, Do Not use the street side; this is very dangerous. Please use the curb side.
7. Visiting with the teachers on the playground is discouraged. This keeps staff from being vigilant of all our children's safety.
8. Playground closes at 6:00 p.m. All children remaining after 6:00 p.m. must be picked up inside. Please, no "visiting" with other parents on Grove St. after 6:00 p.m.
9. After any school events such as the Christmas and Spring programs, parents and guests, if parked on Grove St., please leave as soon as possible, as those parking spaces are used by our neighbors at night and on the weekends.

Please review our late pick-up fee policy.

Late Pick-Up Fee Policy

The school closes at 6:00 PM sharp. **Every minute after 6:00 PM incurs a \$1 fee.**

**First Baptist Preschool &
Kindergarten 820 Ontario St. . Oak
Park, IL 60302**

Parking, Drop-off/Pick-up and Playground Policy

I have read and agree to the Parking, Drop-off/Pick-up and Playground Policy. I understand that non-compliance with this policy may result in my child's dismissal from First Baptist Preschool & Kindergarten.

Child/Children Name(s)

Parent's Signature

Date

Late Pick-Up Fee Policy

I have read and agree to the Late Fee and Late Pick-Up Fee Policy. I understand that non-compliance with this policy may result in my child's dismissal from First Baptist Preschool & Kindergarten.

Child/Children Name(s)

Parent's Signature

Date

First Baptist Preschool & Kindergarten
820 Ontario St.
Oak Park, IL
60302 708/383-1190

Enrollment Application

Package Video and Photo

Release Form

I hereby give my permission for images of my child through digital video and photography to be used solely for the purposes of First Baptist Preschool & Kindergarten. Photos may be posted throughout the school and in classrooms and digital video and photography may be hosted on the school's website as well as on the YouTube site.

I understand that photos and video on the website are viewable by the public. Child(ren) (please print) _____

Parent's Signature

Date

Handbook Agreement Form

I have read the handbook provided and agree to all provisions stated.

Child's Name (please print): _____

Parent's Signature

Date

First Baptist Preschool & Kindergarten
820 Ontario St.
Oak Park, IL
60302 708/383-1190

Dear Parents of Preschool and Kindergarten Children:

I am happy to share that **First Baptist Church Preschool and Kindergarten** is one of the child care centers that was selected by the Collaboration for Early Childhood of Oak Park (www.collab4kids.org) to participate in a pilot project to imbed the nationally recognized “Ages and Stages Questionnaire – 3 (ASQ-3) and the Ages and Stages Questionnaire: Social Emotional (ASQ:SE) screening tools into our programs. These tools look at children’s overall development in 5 domains (communication, fine motor, gross motor, problem solving and personal-social) as well as social and emotional competence throughout their early developing years.

The first 5 years of life are very important to your child because this time sets the stage for success in school and later in life. During infancy and early childhood many experiences should be gained and many skills learned. It is important to ensure that each child’s development is proceeding without delay during this period; therefore we are interested in helping you follow your child’s development.

What we can do together:

- You can help us by completing two questionnaires. The web links to access these questionnaires are as follows:
 - **ASQ-3:** <https://www.asqonline.com/family/425ed7>
 - **ASQ:SE:** <https://www.asqonline.com/family/ad30be>
- These web links to the questionnaire will be provided to you at least 2 times per year, once at the start of each program year and once in the spring of the program year. Each questionnaire takes approximately 10-15 minutes to complete.
- You will be asked to answer questions about some things your child does and does not do.
- **It is important to complete the online questionnaire within 48 hours after receipt of the web link. Please review all of the questions prior to attempting to complete the questionnaires as you may want to observe your child or practice the skill with your child, prior to completing the questionnaire.**
- If the completed questionnaire indicates that your child seems to be developing without concerns, we will let you know that your child’s development appears to be progressing well.
- If the completed questionnaire suggests that there may be concerns about your child’s development, we will contact you directly to discuss all options; you may wish to have your child’s doctor or another agency conduct a further assessment.
- Information gathered from the screening will be used in planning for each child’s individual strengths and needs.
- All information about your child and your family will be kept confidential.
- As you enter the online questionnaire you will be able to read the confidentiality statement that will then ask you to indicate that you agree to the terms, by pressing the submit button (similar to many you have already experienced).

Please remember that if you have questions about your child, at any time, you need not wait to complete the questionnaire; we are happy to meet with you at any time to discuss your child’s development.

Sincerely,

Barbara Branch, Director
First Baptist Church Preschool and Kindergarten

1/11/2019