Preschool Registration Packet
2021/2022 School Year

Circle One: Returning Student / New Student

Child's Name:_____ Parent's Name:_____

Email Address:_____

Circle selected class

Preschool Explorers (Ages 3-4)

Code	Day	Date	Time
M42802.01	TU/TH	9/7-5/12	8:30 am - 10:45 am
M42802.02	TU/TH	9/7-5/12	1:00 pm - 3:15 pm

Preschool Adventurers (Ages 4-5)

Code	Day	Date	Time
M42803.01	M/W/F	9/8-5/14	8:30 am - 10:45 am
M42803.02	M/W/F	9/8-5/14	1:00 pm - 3:15 pm
M42804.01	M-F	9/7-5/14	8:30 am - 10:45 am
M42805.01	M/W/F	9/8-5/14	6:00 pm - 7:30 pm

Teacher Request _____ (***Requests are not guaranteed.)***

If you are not paying in full for the entire 2021/2022 preschool year, the following rules apply:

- A parent or guardian must sign the Payment Schedule Contract and hand in at the time of registration.
- Payments are due on the first of each month (October through May). Last payment will be due on May 1st.
- Payments will be automatically charged to your credit/debit card on the 1st of each month.
- If credit/debit is declined, a $25.00 fee will be charged to your account.
- Your credit card number and signature must remain on file with the Village of Glendale Heights Sports Hub.
- If your child is no longer going to attend preschool, the preschool program cancellation form must be received by the 20th of the month before. If we are not notified, your credit/debit card will be charged the installment bill payment amount and will not be refunded.

The Village of Glendale Heights will automatically charge your credit/debit card on the 1st of each month.

I, _____ authorize the Village of Glendale Heights to automatically charge my credit card on the 1st of each month (October through May) for payment of my preschool account. The amount that will be charged each month is the amount agreed on the payment schedule.

Authorized Signature_____ Date _____

Glendale Heights Preschool
Payment Plan Agreement

Child's Name:_____ Parent's Name:_____

A payment plan is offered to assist parents with the financial responsibilities of the Glendale Heights Preschool Program. The total registration fee is divided into 9 equal payments (installment bills). Installment bill payments are due on the following dates: First payment due at the time of registration: October 1, 2021: November 1, 2021: December 1, 2021: January 1, 2022: February 1, 2022: March 1, 2022: April 1, 2022 and May 2022.
A $25.00 fee will be charged to your account if credit/debit card is declined.

Circle selected class	Total Program Fee (32 week session)	Registration Fee	Supply Fee	Due at Registration (before 9/1/20)	Due at Registration (9/1/20 or later)	Installment Bill
Preschool Explorers (2 days)	$1,035/$1,206	$30	$30	$175/$194	$290/$328	$115/$134
Pre-K Adventurers (3 days)	$1,1530/$1,692	$30	$30	$170/$188	$400/$436	$170/$188
Pre-K Adventurers (5 days)	$2,025/$2,232	$30	$30	$225/$248	$510/556	$225/$248
The first payment is due at the time of registration along with the $30 registration fee and $30 supply fee. The registration fee and supply fee is non-refundable.						

I, the undersigned parent or guardian of the aforementioned child, now register said child to the Glendale Heights Parks & Recreation Department's Preschool program for 2021/2022 school year. In doing so, I fully understand that I am committed to pay the entire fee regardless of child's attendance.

<u>REQUIRED</u>: (The information below must be complete at time of registration)

I, _____ parent or guardian of (please list all children enrolled)

_____ agree to the terms listed above.

Visa Mastercard Discover (please circle one)

Credit Card # *(last four digits only)* _____ Expiration Date:_____

Authorized Signature:_____

I, _____authorize the Village of Glendale Heights to automatically charge my credit card on the above dates for the Glendale Heights Preschool Program.

Authorized Signature_____ Date:_____

<u>Cancellation Policy</u>
If your child is no longer going to attend preschool, the preschool program cancellation form must be received by the 20th of the month before. If we are not notified, your credit/debit card will be charged the installment bill payment amount and will not be refunded.

COVID-19 Guidelines

Child's Name:_____ Parent's Name:_____

The following guidelines are based on the Restore Illinois Phase 4 School Day Plan. The Glendale Heights Preschool Program will follow the current guidelines and they may change throughout the school year.

Face coverings

- Every person in our facility must wear a mask at all times. Students and teachers are required to have a facemask the whole time indoors but may remove them outside while maintaining 6 feet apart distance. _____(initials)

Drop off and Pick up Procedures

- To reduce the amount of patrons entering the facility, student drop off and pick up will take place at the preschool doors adjacent to the playground. Drop will be no earlier than 5 minutes before the start of class and pick-up shall be promptly at the end of class. _____(initials)

Symptom Screenings/Temperature Checks

- Children will be screened upon arrival daily for any obvious sign of illness and will have their temperature taken. If symptoms of COVID-19 are present, the child may not be allowed in the program. Anyone with a temperature of 100.4 degrees F or above will not be permitted to remain on site and will be encouraged to see a health provider. _____(initials)
- Teachers will take their temperature at the beginning of their reported work period and will maintain records for monitoring.

Health and Safety Standards around COVID-19

- If child or staff is diagnosed with COVID-19 he or she is not to return to the facility until the individual is free from fever without the use of fever-reducing medications for at least 72 hours, symptoms have improved, and has been at least 10 days since the onset of the individual's illness. _____(initials)
- If a child shows any symptoms of illness, protocol must be followed according to the Illinois DCEO guidelines. _____(initials)
- If a child develops symptoms during program hours, the student will have to self-isolate in a separate room from other students. Student will be required to get picked up within one hour of notification from a Supervisor. _____(initials)
- Teachers will incorporate "outside time" for learning with physical distancing, to give children a break from wearing their face coverings while at school, weather permitting. Our goal is to provide 20-30 minutes of outdoor instruction when permissible. We ask that parents please dress students for the weather, as we may be outdoors when it is warm, just after rain or if it is a little chilly. _____(initials)
- Drop-off and pick-up will be scheduled in increments of 15 minutes to reduce the number of patrons during a specific time.
- Each student will have a designated bag of basic supplies specifically for their own use, any shared supplies will be cleaned between uses.
- A maximum of 10 students allowed per classroom (based on current guidelines).
- Students' desks will be marked six feet apart from each other to allow for social distancing.
- Handwashing will be increased throughout the class time and between centers as children move through the room during instruction and play; when necessary, hand sanitizer will also be used. Our intent is to help the children understand the importance of handwashing and encourage them to do so independently.
- Teachers will disinfect all tables, and chairs before and after each class session.
- Custodians will also clean and disinfect bathrooms and door knobs every hour.
- Classrooms will be stocked with hand sanitizer, disinfectant spray, and disinfectant wipes at all times.
- Classrooms will be sanitized using a mister after each class.
- If school District 15 or 16 moves to full remote learning, the Glendale Heights Preschool Program will be suspended until students are back in school. _____(initials)

Office Use Only

Enrollment Date: _____

Discharge Date: _____

TU/TH AM Class: _____

TU/TH PM Class: _____

M/W/F AM Class: _____

M/W/F PM Class: _____

Teacher Request _____

Returning Student New Student

GLENDALE HEIGHTS PRESCHOOL
ADMISSION FORM

Child's Name:_____

Address:_____

City:_____ Zip:_____

Phone Number:_____ Sex: M F

Place of Birth:_____ Birthdate:_____

Father Name:_____

Father/Guardian Address & Phone Number (if different than child's):

_____Phone:_____

Father/Guardian Occupation:_____ Cell Phone_____

Father/Guardian Business Address:_____

Father/Guardian Working Hours:_____ Bus. Phone:_____

Mother/Guardian Name:_____

Mother/Guardian Address & Phone Number (if different than child's):

_____ Phone:_____

Mother/Guardian Occupation:_____ Cell Phone_____

Mother/Guardian Business Address:_____

Mother/Guardian Working Hours:_____ Bus. Phone:_____

Marital Status of Parents:_____ Years Married:_____

Person(s) to whom the child may be released and notified in an emergency, when the parent is unavailable. (If there are any changes, please advise the teacher with written notice) PLEASE NOTE: If there are any special instructions, or any person(s) who are never to be authorized to pick up your child, please notify your child's teacher.

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____

Physician's Name:_____ Phone:_____

Address:_____

If none of the above person(s) can be contacted during an emergency, do you give the school and/or your physician the authority to administer first aid if necessary in the best interest of the child?

_____

PRESCHOOL ADMISSION FORM

CHILD'S NAME:_____**NICKNAME:**_____

BROTHERS & SISTERS:

NAME	DATE OF BIRTH	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____

May the school use photographs of your child, taken during school hours for publicity purposes (names will not be used with photo)? Yes____ No____

Do you agree to hold the Glendale Heights Recreation Department, it's employees and the school, the facility in which it is held, and your physician free and to indemnify the aforementioned against claims and demands made on behalf of the child named above? Yes____ No____

Does the teacher have your permission to take your child along with the rest of the class, under her care, on walks in the general area of the school, for the purpose of nature walks, etc.? Yes____ No____

The school retains the right to dismiss from the group and to retain the full registration fee on any child, who after a reasonable trial, demonstrates the inability to participate in or benefit from the school, or whose presence is detrimental to the group.

Is your child: Right Handed_____ Left Handed_____

Are there significant personal characteristics of the child, such as; physical, emotional, or mental handicaps that require special handling at this time?_____

If yes, please explain:_____

Does your child have any fears that the teacher should be aware of?_____

If so, please explain:_____

Is your child currently taking any medication?_____If so please explain_____

_____

Does your child have any allergies of any nature?_____If so, please list_____

_____

Does your child have any food restrictions?_____If so, please list_____

_____

PRESCHOOL ADMISSION FORM

CHILD'S NAME:_____

What school or other group experience has your child had previously?

_____

What does your child say when they need to go to the bathroom?

Is English a second language? Yes____ No____

Is English spoken at home? Yes____ No____

How do you feel that your child usually reacts to new situations?

_____

_____

Is there anything else you feel we should know about your child?

_____

_____

To comply with the licensing requirements, and for the proper functioning of the school, it is understood that every child accepted in this school will be required to have taken a physical examination. Likewise each child must have a signed "Emergency Care/First Aid Consent Form", (please see attached) prior to the first day of school.

Your signature below indicates that the answers on this application are truthful and that the parent or guardian understands and agrees to comply with the requirements and restrictions outlined or explained on this form.

SIGNATURE OF PARENT/GUARDIAN:_____

DATE SIGNED:_____

PRESCHOOL ADMISSION FORM

EMERGENCY CARE / FIRST AID CONSENT FORM

CHILD'S NAME:_____

In case of sickness or accident of my child, while under the care and supervision of the Glendale Heights Recreation Department, I the undersigned, give my permission/consent to the Glendale Heights Recreation Department Preschool employees, to provide emergency First Aid and/or treatment through a clinic, a hospital, or provide a doctor. I give my express consent for X-Rays if the doctor or hospital feels it is advisable or necessary. I also agree to pay all costs and fees contingent upon any emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement shall continue as long as the above mentioned child is enrolled in the Glendale Heights Recreation Department Preschool Program.

PARENT/GUARDIAN SIGNATURE:_____

DATE SIGNED:_____

PRESCHOOL CARPOOL INFORMATION SHEET

CHILD'S NAME:_____ AGE:_____

ADDRESS:_____

_____

PHONE:_____

I AM IN A CAR POOL: YES_____ NO_____

MY CHILD MAY BE RELEASED TO THE FOLLOWING DRIVERS IN THE CAR POOL:

NAME:_____ PHONE:_____

NAME:_____ PHONE:_____

NAME:_____ PHONE:_____

TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENTS

Parents must form their own car pools, or provide their own transportation to and from the preschool.

PARENT/GUARDIAN SIGNATURE:_____

DATE:_____

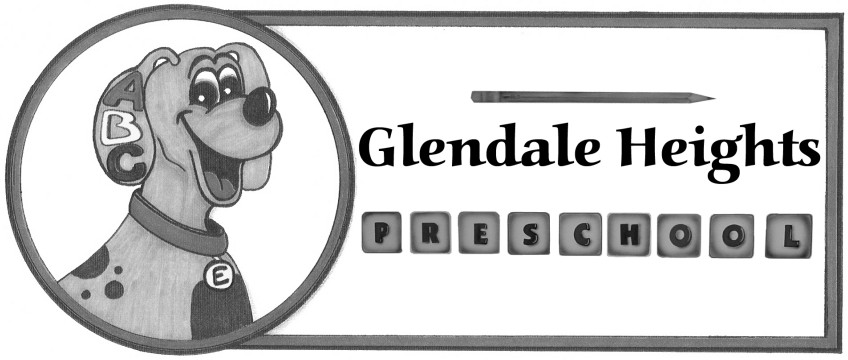
ADDITIONAL INFORMATION:_____

PERMISSION FOR LOCAL FIELD TRIPS

During the school year, the teacher and aide will occasionally take the children on local field trips. These trips will consist of a walk in the neighborhood to increase awareness of the environment, and to collect miscellaneous treasures, such as: fallen leaves, pine cones, etc. I grant my permission for my child to attend these local trips with his/her class.

PARENT/GUARDIAN SIGNATURE:_____

DATE:_____



Late Pick Up Policy

As required by Illinois Department of Children and Family Services

It is the ***utmost importance*** that the preschool staff have current information for parents and emergency contacts on file.

Please keep the staff informed of any changes.

If a parent fails, without notice to pick up a child at the time class is to end, or to arrange to have someone else pick up, the preschool staff will make 3 attempts to contact the parents.

If the staff is unable to reach the parent at home, cell or work numbers, emergency contacts will be called.

If, after one hour, the Preschool staff is unable to locate a parent or emergency contacts, staff will contact the Glendale Heights Police Department for assistance in locating the parents.

A Village of Glendale Heights employee will stay with the child until parents/emergency contacts or police arrive. Any discussion regarding late pick up will occur between parents and staff. Children will not be held accountable for late pick up occurrences.

Parents that are more than 10 minutes late will be fined $5.00 per 10 minutes.

In complying with licensing standards from the Illinois Department of Children and Family Services, we are asking that you review and sign this Late Pick Up Policy.

_____	_____	_____
Child's Name	*Parents Signature*	*Date*

Guidance and Discipline Policy

The Glendale Heights Preschool staff will work to provide a positive supportive environment which attempts to enhance children's self-esteem and teach them how to make good choices. Unacceptable behavior in the classroom results in the teacher redirecting the child's activity toward a positive direction. All staff will help children develop self-control and encourage them to take responsibility for their own actions. Teachers and parents are encouraged to be in close communication when there is a need to problem solve.

Staff will use firm, positive statements when redirecting a child from unacceptable behavior to a more positive one. Children who do not respond to direction may be removed from the group to help gain control. This removal time shall not exceed one minute per age of the child.

If a behavior is beyond the scope of stated classroom rules interferes significantly with the learning environment safety of the children, then the parents, teachers and supervisor will discuss further action to be taken to ensure the safety and well being of all children involved.

_____

Child's Name

_____ _____

Parents Signature *Date*

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES

CFS 600
Rev. 11/2002

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
ILLINOIS DEPARTMENT OF HUMAN SERVICES
CERTIFICATE OF CHILD HEALTH EXAMINATION
(Information on this form may be shared with appropriate personnel for health and educational purposes.)

Please Print

Student's Name	**Birth Date**	Sex	Grade Level	ID #

Address code	Street	City	ZIP	Parent/ Guardian	Telephone # Home:	Work

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for *every* dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

VACCINE/DOSE	1 MO DA YR	2 MO DA YR	3 MO DA YR	4 MO DA YR	5 MO DA YR	6 MO DA YR
Diphtheria, Tetanus and Pertussis (DTP or DTaP)						
Diphtheria and Tetanus (Pediatric DT or Td)						
Inactivated Polio (IPV)						
Oral Polio (OPV)						
Haemophilus influenzae type b (Hib)						
Hepatitis B (HB)						
Varicella (Chickenpox)				**Comments:**		
Combined Measles, Mumps and Rubella (MMR)						
Measles (Rubeola)						
Rubella (3-day measles)						
Mumps						
Pneumococcal (not required for school entry)	☐PCV7 ☐PPV23	☐PCV7 ☐PPV23	☐PCV7 ☐PPV23	☐PCV7 ☐PPV23	☐PCV7 ☐PPV23	☐PCV7 ☐PPV23
Check specific type (PCV7, PPV23) Date						
Other (Specify: Hepatitis A, meningococcal, etc.)						

Health care provider (MD, APN, PA, school health professional, health official) verifying above immunization history must sign below.

Signature **Title** **Date**

Signature **Title** **Date**
(If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

Signature **Title** **Date**
(If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician *** (All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)**

***MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature**

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying 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** **Date**

3. Laboratory confirmation (check one) **☐Measles ☐Mumps ☐Rubella ☐Hepatitis B ☐ Varicella**

Lab Results **Date MO DA YR** **(Attach copy of lab report, if available.)**

VISION AND HEARING SCREENING DATA

This section to be completed by IDPH certified screening personnel, if pre-existing approved IDPH form is not available.
Pre-school - annually beginning at age 3; School age - during school year at required grade levels.

Date																					
Age/Grade																					
	R	**L**	**R**	**L**	**R**	**L**	**R**	**L**	**R**	**L**	**R**	**L**	**R**	**L**	**R**	**L**	**R**	**L**	**R**	**L**	
Vision																					
Hearing																					

Code:
P = Pass
F = Fail
U = Unable to test
R = Referred
G/C=Glasses/ Contacts

Printed by Authority of the State of Illinois (over)

IL444-4737 (N-11-02)

Student's Name 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

	Circle one	Comments		Circle one	Comments
Diagnosis of Asthma? Wheeze/Cough During or After Play?	Yes O No O Yes O No O	Indicate Severity:	Loss of Function of One of Paired Organs? (Eye/Ear/Kidney/Testicle)	Yes O No O	
Birth Defects?	Yes O No O		Hospitalizations? When? What for?	Yes O No O	
Developmental Delay?	Yes O No O				
Blood Disorders? Hemophilia, Sickle Cell, Other? Explain	Yes O No O		Surgery? (List All) When? What For ?	Yes O No O	
Diabetes?	Yes O No O		Serious Injury or Illness?	Yes O No O	
Head Injury/Concussion/Passed Out?	Yes O No O		TB Skin Test Positive (Past or Present)?	Yes* O No O	* Refer positive response to the local health department.
Seizures? What are they like?	Yes O No O		TB Disease (Past or Present)?	Yes* O No O	
Heart Problem/Shortness of Breath?	Yes O No O		Tobacco Use (Type, Frequency)?	Yes O No O	
Heart Murmur/High Blood Pressure?	Yes O No O		Alcohol/Drug Use?	Yes O No O	
Dizziness or Chest Pain With Exercise?	Yes O No O		Family History of Sudden Death Before Age 50? (Cause?)	Yes O No O	
Bone/Joint Problems/Injury? Scoliosis?	Yes O No O		Dental • Braces • Bridge • Plate Other		
			Other Concerns?		
Ear/Hearing Problems?	Yes O No O		**Information on this form may be shared with appropriate personnel for health and educational purposes.**		
Eye/Vision Problems? Glasses Contacts Last Exam _____ Other Concerns?			**Parent/Guardian Signature** **Date**		

TO BE COMPLETED BY MD/APN/PA

(* INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES OR SELECTED SCHOOLS AND PROGRAMS)

Strongly Recommended Tests	Date	Results		Date	Results
Hemoglobin * or			Urinalysis		
Hematocrit *			Sickle Cell * (as needed)		

Lead Questionnaire* Completed? Yes ◯ No ◯ Date Blood Test Indicated? Yes ◯ No ◯ Blood Test Performed? Yes ◯ No ◯

TB Skin Test Recommended only for children in high-risk groups: includes children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. **Date Read / / Result mm**

PHYSICAL EXAMINATION REQUIREMENTS

HEIGHT WEIGHT B/P HEART RATE

	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs
Skin			Endocrine		
Ears			Gastrointestinal		
Eyes			Genito-Urinary		LMP
Nose			Neurological		
Throat			Musculoskeletal		
Mouth/Dental			Spinal Examination		
Cardiovascular/HTN			Nutritional Status		
Respiratory			Mental Health		

ALLERGIES (Food, drug, insect, other)

MEDICATION (List all prescribed or taken on a regular basis.)

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 supporter/cup

MENTAL HEALTH/OTHER: Is there anything else that you think 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: • Nurse • Teacher • Counselor • 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 ☐ No ☐ 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 ☐ No ☐ Modified ☐ INTERSCHOLASTIC SPORTS (for one year) Yes ☐ No ☐ Limited ☐

Physician/Advanced Practice Nurse/Physician Assistant performing examination

Print Name **Signature** **Date**

Address **Phone**

Please Keep this Copy For Your Records

Glendale Heights Preschool
Payment Plan Agreement

Child's Name:_____ Parent's Name:_____

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