

Picket Fence Daycare and Learning Center Application



36 Conti Parkway  
Elmwood Park, IL 60707  
708-452-4544  
708-453-7994 fax  
[picketfence36@sbcglobal.net](mailto:picketfence36@sbcglobal.net)

2624 Oak St.  
River Grove, IL 60171  
708-401-4544  
708-593-4544 fax  
[picketfencerg@gmail.com](mailto:picketfencerg@gmail.com)

**Application Form**

Application Date \_\_\_\_\_

Full Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Persons to call in emergency if parent cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (home, work, cell) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (home, work, cell) \_\_\_\_\_

Names of persons allowed access to health information about your child:

\_\_\_\_\_

Name of health insurance \_\_\_\_\_

Address \_\_\_\_\_

Group ID# \_\_\_\_\_ ID # \_\_\_\_\_

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Children will only be released to parents or to a person designated by the parents. Please list individuals that may pick up child:

Name: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Address: \_\_\_\_\_, City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Address: \_\_\_\_\_, City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Address: \_\_\_\_\_, City, State, Zip \_\_\_\_\_

**For your child's safety, all children brought to school must be brought inside and signed in.**

Class Enrolling in: Toddler \_\_\_\_\_ Preschool \_\_\_\_\_ Pre-K \_\_\_\_\_ Kindergarten \_\_\_\_\_

\_\_\_\_\_ My child will be enrolled in the all day program

\_\_\_\_\_ My child will be enrolled in the part-time program

Yes No

\_\_\_\_ I have been informed and understand all the Picket Fence Daycare and Learning Center policies including tuition and program.

\_\_\_\_ I am noting special information about my child on the back of this form.  
(Special problems such as allergy, existing illness, and/or medication prescribed for continuous long term use).

\_\_\_\_ My child has permission to be transported to and from the school for field trips and/or educational purposes.

\_\_\_\_ My child has permission to have photographs, slides, and video and audio taping done for educational purposes.

\_\_\_\_ My child has authorization for medical care in an emergency.

My child will be at the school from approximately \_\_\_\_\_ to \_\_\_\_\_ Monday through Friday.

My child has or had the following existing illness, previous serious illness and injuries, and/or hospitalizations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent \_\_\_\_\_

\_\_\_\_\_ For School's Use Only \_\_\_\_\_

Date of Child's Admission \_\_\_\_\_

Director's Signature \_\_\_\_\_

**Emergency Authorization Form**

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Child's Soc. Sec # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Employed At \_\_\_\_\_ Employed At \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Name of friends or relatives to call, if you cannot be reached:

1. \_\_\_\_\_ Phone \_\_\_\_\_ or \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ or \_\_\_\_\_

Physician to be called in an emergency:

1. \_\_\_\_\_ Phone \_\_\_\_\_ or \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ or \_\_\_\_\_

Dentist to be called in an emergency:

1. \_\_\_\_\_ Phone \_\_\_\_\_ or \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Address \_\_\_\_\_

Group # \_\_\_\_\_ Name of insured \_\_\_\_\_

I hereby grant permission for the director or supervisor staff person to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact a child's physician.
3. Attempt to contact a parent through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) Call another physician or paramedics, (b) call an ambulance, (c) have the child taken to Gottlieb Memorial hospital in the company of a staff member.
5. Any expenses under 4, above, will be borne by the child's family.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent or legal guardian)

Subscribed and sworn to before me this \_\_\_\_\_ day of 20\_\_\_\_\_

Notary Public \_\_\_\_\_

**NOTICE**

**Parent's Right**

This form is intended to meet the requirements of the Health and Safety Code which requires that parents or guardians be informed of their right to enter and inspect the child care facility in which their child is receiving care. The facility is also required to post notice of this right in an area accessible for viewing. The child care facility is required to give the parent or guardian this form and complete and detach the bottom section of the form and maintain in the child's file to document proper notification.

1. Parents/guardians, upon presentation of identification have the right to enter and inspect the child day care facility, notice to the provider. Entry and inspection is limited to the normal operation hours while their child(ren) is receiving care.
2. The law prohibits discrimination or retaliation against any child or parent/guardian for exercising their right to inspect.
3. The law requires that parents/guardians be notified of their rights to enter and inspect.
4. The law requires that this notice of parents' rights to enter and inspect be posted in the facility in a location accessible to parents and guardians.
5. The law authorizes the person in charge of the child day care facility to deny access to a parent/guardian under the following circumstances:
  - a. The parent/guardian is behaving in a way which poses a risk to children in the facility, or
  - b. The adult is a noncustodial parent and the facility has been requested in writing by the custodial parent not to permit access to the noncustodial parent.

The form is to be retained in the child's file.

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This will acknowledge that I/we, the parent (s) of \_\_\_\_\_ have received a copy of "Parents' Rights" from the licensee or authorized representative of Picket Fence Daycare and Learning Center

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

### Child/Family Personal History

The purpose in securing this information about your child is to help the child care staff better understand your child and to help you know what to expect from the child care center. Your child's care during the day is a responsibility we share. All information is kept confidential and requires your written permission if it is to be shared. Please use the back sides of form if you wish to elaborate more on a question. Some questions may not be applicable to your child at this time; please leave them blank.

#### Family and Social History

Telephone \_\_\_\_\_

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother (or guardian) \_\_\_\_\_ Age \_\_\_\_\_

Father (or guardian) \_\_\_\_\_ Age \_\_\_\_\_

Marital Status of Parents:

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single Parent \_\_\_\_\_  
(How Long?) (How Long?)

Remarks \_\_\_\_\_

Custody / visiting arrangements \_\_\_\_\_

Siblings

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Other members of the household (include relationship and age):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you lived in this city? \_\_\_\_\_

Do you speak a language at home other than English? \_\_\_\_\_

Are there any special words that would help us communicate with your child? \_\_\_\_\_

\_\_\_\_\_

Are there any cultural practices or holidays you would like us to know about? \_\_\_\_\_

\_\_\_\_\_

**Personal History**

Type of Birth: \_\_\_\_\_ Full Term \_\_\_\_\_ Premature

Any complications? \_\_\_\_\_

Age he/she 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 \_\_\_\_\_ or sentences? \_\_\_\_\_

Does he/she have any speech problems? \_\_\_\_\_

Other language \_\_\_\_\_

Special words to describe his/her needs \_\_\_\_\_

**Sleeping**

What time does child go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_

Is he/she ready for sleep? \_\_\_\_\_ Does he/she have his own room? \_\_\_\_\_

Own bed? \_\_\_\_\_ Does he/she walk, talk or cry out at night? \_\_\_\_\_

What does he/she take to bed with him? \_\_\_\_\_

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

**Social Relationships**

Has he/she had experiences in playing with other children? \_\_\_\_\_

By nature, is he/she \_\_\_\_\_ friendly? \_\_\_\_\_ aggressive? \_\_\_\_\_ shy? \_\_\_\_\_ or withdrawn?

How does he get along with his brothers and sisters? \_\_\_\_\_

Other adults? \_\_\_\_\_

With what age child does he/she prefer to play? \_\_\_\_\_

Will he/she know any children in the center? \_\_\_\_\_

Do you feel he/she will adjust easily to the child care situation? \_\_\_\_\_

What makes him/her angry or upset? \_\_\_\_\_

How does your child show his/her feelings? \_\_\_\_\_

What method of behavior control is used in your home? \_\_\_\_\_

What is child's usual reaction? \_\_\_\_\_

**Child/Family Personal History**

Who does most of the disciplining? \_\_\_\_\_

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Is he/she frightened by any of the following: \_\_\_\_\_ animals? \_\_\_\_\_ tall people? \_\_\_\_\_ rough children?  
\_\_\_\_\_ loud noises? \_\_\_\_\_ dark? \_\_\_\_\_ storms? \_\_\_\_\_ Anything else?

Favorite toys and activities at home \_\_\_\_\_

Does he/she like to be read to? \_\_\_\_\_ listen to music? \_\_\_\_\_

Does he/she prefer to play outdoors? \_\_\_\_\_ Can your child ride a tricycle? \_\_\_\_\_

Has he/she had experience with: \_\_\_\_\_ clay? \_\_\_\_\_ scissors? \_\_\_\_\_ easel painting?  
\_\_\_\_\_ finger painting? \_\_\_\_\_ blocks? \_\_\_\_\_ water play?

Does your child have any other problems that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

**Health History of Child**

What past illnesses has he/she had? At what age?

\_\_\_\_\_ Chicken Pox \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Malaria \_\_\_\_\_ HIV  
\_\_\_\_\_ AIDS \_\_\_\_\_ Measles \_\_\_\_\_ Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Mumps \_\_\_\_\_ Other

Does your child have frequent colds? \_\_\_\_\_

Explain \_\_\_\_\_

\_\_\_\_\_ Tonsillitis? \_\_\_\_\_ Ear Aches \_\_\_\_\_ Stomach Aches

Does he/she vomit easily? \_\_\_\_\_ Does he/she run high fevers easily? \_\_\_\_\_

Has your child had any serious accidents? \_\_\_\_\_ Explain \_\_\_\_\_

Is child allergic? \_\_\_\_\_ If so, how does it usually manifest itself? \_\_\_\_\_ Asthma \_\_\_\_\_ Hay fever

Hives \_\_\_\_\_ Other \_\_\_\_\_ Do you know what his/her allergy is caused by? \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ What for? \_\_\_\_\_

Has your child ever been to a dentist? \_\_\_\_\_ Has he/she had their vision tested? \_\_\_\_\_ Hearing tested? \_\_\_\_\_

Does he/she wear corrective shoes? \_\_\_\_\_

Does your child have any handicaps? \_\_\_\_\_ Describe \_\_\_\_\_

Please give a statement of your evaluation of your child's overall health \_\_\_\_\_  
\_\_\_\_\_

**Eating**

Is child usually hungry at mealtime? \_\_\_\_\_ between meals? \_\_\_\_\_

What are his/her favorite foods? \_\_\_\_\_

What foods are refused? \_\_\_\_\_

What eating problems does the child have? \_\_\_\_\_

Any food allergies? \_\_\_\_\_

Does child eat with a spoon? \_\_\_\_\_ fork? \_\_\_\_\_ hands? \_\_\_\_\_

Is child left or right handed? \_\_\_\_\_ What time does your child usually eat breakfast? \_\_\_\_\_

Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_ Is family vegetarian? \_\_\_\_\_

Other dietary restrictions \_\_\_\_\_

**Toilet Habits**

Can the child be relied upon to indicate his toileting wishes? \_\_\_\_\_

What word is used for urination? \_\_\_\_\_ For bowel movement? \_\_\_\_\_

Does the child need to go more frequently than usual for his age? \_\_\_\_\_

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

How does he/she react to them? \_\_\_\_\_

Does child need help with toileting? \_\_\_\_\_ Was the child easy or difficult to toilet train? \_\_\_\_\_

Does the child wet his/her bed at night? \_\_\_\_\_ How often? \_\_\_\_\_

Briefly describe your child (physical appearance, personality, abilities, etc.)

\_\_\_\_\_  
\_\_\_\_\_

What are your expectations, goals, or concerns for your child at the center? In what particular ways can we help your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Parent Talent Survey

We would like to encourage participation in our program. Do you have skills or hobbies you would be interested in sharing with children and staff? We have a few areas listed-please feel free to offer others you may think of.

1. What is the profession of mother (guardian)?

\_\_\_\_\_

2. What is the profession of father (guardian)?

\_\_\_\_\_

3. Check ways in which you might be able to enrich your child's days at the center:

\_\_\_\_ Bring an animal.

\_\_\_\_ Bring a baby.

\_\_\_\_ Share a hobby.

\_\_\_\_ Share ethnic customs, food, clothing, photos.

\_\_\_\_ Perform science experiments.

\_\_\_\_ Assist with special events, fundraiser, book fairs, spring fun fair, etc.

\_\_\_\_ In-service training for staff

\_\_\_\_ Play an instrument.

\_\_\_\_ Teach a special art or craft.

\_\_\_\_ Put on a puppet show.

Other (specify) \_\_\_\_\_

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Tuition

2 Year-olds (Full Time)		2 Year-olds (Part Time)		3 Years and older (Full Time)		3 Years and older (Part Time)	
5 days	\$240.00	5 days	\$196.00	5 days	\$220.00	5 days	\$181.00
4 days	\$228.00	4 days	\$190.00	4 days	\$209.00	4 days	\$176.00
3 days	\$215.00	3 days	\$185.00	3 days	\$197.00	3 days	\$171.00
2 days	\$204.00	2 days	\$163.00	2 days	\$185.00	2 days	\$149.00

Before and After Care

Before School \$40.00

After School \$70.00

Before & After \$95.00

Half day at River Grove School additional \$10.00

No School at River Grove School additional \$15.00

**It is most beneficial for your child to be here by 9a.m. The latest a full-time child may enter the school is 10:00 a.m.**

The number of teachers on our staff is based upon the number of children enrolled. It is therefore necessary to charge tuition even if your child is absent. If your child is absent for a whole week, half of the regular tuition fee is required for each week up to two weeks per a calendar year. Tuition is due every Friday. If it is not paid, you will be charged a late fee of \$10.00 PER DAY. For children not picked up by 6:00 p.m. a fee of \$2.00 per a minute will be charged. Late fee applies to part time students as well (over 5 hours is \$2.00 per minute).

It is very important that your child comes only the days he/she is enrolled for. When they come in on other days, the number of children per room might exceed the state licensing standards.

My child will be here on the following days:

Monday Tuesday Wednesday Thursday Friday

Hours From \_\_\_\_\_ to \_\_\_\_\_

I understand the above policies containing tuition, enrollment, schedule, absences, and late pick up.

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent's Signature

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Dear Families,

Please sign the permission slip below to allow us to publish your child's photographs on our website. Also, please write your email address so that we can communicate and send reminders through email.

Thank you.

I \_\_\_\_\_, give permission to publish my child's photographs on the Picket Fence Daycare and Learning Center's Website.

\_\_\_\_\_  
Parent Signature:

\_\_\_\_\_  
Date

Email Address: \_\_\_\_\_