



Picket Fence

Learning Center

36 Conti Parkway
Elmwood Park, IL 60707
708-452-4544
708-453-7994 fax
Picketfence36@sbcglobal.net

7801 W. Grand Ave
Elmwood Park, IL. 60707
708-452-7666
708-593-4544
admin@picketfencelearningcenter.com

2624 N. Oak Street
River Grove, IL 60171
708-401-4544
708-593-4544
Picketfencerg@gmail.com

Enrollment 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) _____

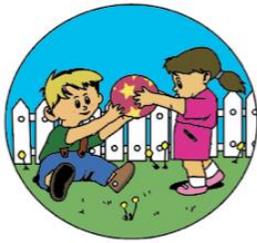
Name _____ Relationship _____

Telephone (home, work, cell) _____

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

Name of health insurance _____

Address _____



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Group ID# _____ ID # _____

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 _____



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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 _____

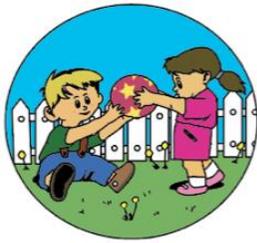
Group # _____ Name of insured _____

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.

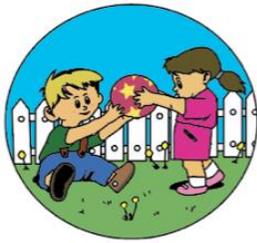
1. Parents/guardians, upon presentation of identification have the right to enter and inspect the child day care facility, notice to the provider. Entry and inspection is limited to the normal operation hours while their child(ren) is receiving care.
2. The law prohibits discrimination or retaliation 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.

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 _____

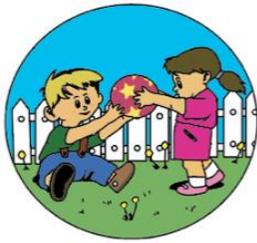
Other members of the household (include relationship and age):

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? _____



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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? _____

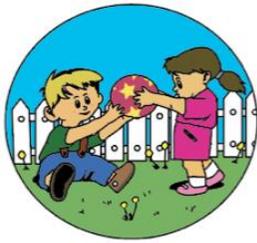
Will he/she know any children in the center? _____

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? _____



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What is child's usual reaction? _____

Child/Family Personal History

Who does most of the disciplining? _____

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? _____

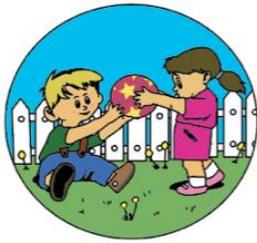
Has your child ever been hospitalized? _____ What for? _____

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 _____



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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?



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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 profession of mother (guardian)? _____
2. What is 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 custom, food, clothing, photos

____ Perform science experiments

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

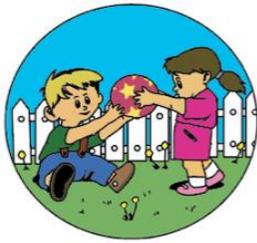
____ In-service training for staff

____ 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 | \$250.00 | 5 days | \$206.00 | 5 days | \$230.00 | 5 days | \$191.00 |
| 4 days | \$238.00 | 4 days | \$200.00 | 4 days | \$219.00 | 4 days | \$186.00 |
| 3 days | \$225.00 | 3 days | \$195.00 | 3 days | \$207.00 | 3 days | \$181.00 |
| 2 days | \$214.00 | 2 days | \$173.00 | 2 days | \$195.00 | 2 days | \$159.00 |

Before and After Care

Before School \$40.00
 After School \$70.00
 Before & After \$95.00

Half day at River Grove School an additional \$10.00
 No School at River Grove School an 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.

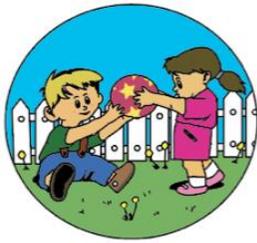
My child will be here on the following days:

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



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Parent's Signature

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Dear Families,

Please sign 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: _____