



# Enrollment Book

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# Checklist

- Completed the child's Enrollment Book
- Enclosed a copy of the child's medical form
- Enclosed a copy of the child's birth certificate
- Complete the Emergency Information Card
- Provide clothes with child's name on them
- Provide diapers/formula/baby food as needed
- Pair of soft shoes
- Completed a State subsidy form (if applicable)
- Provide the special item for naptime (if applicable)
- Enclosed a payment of \$\_\_\_\_\_:
  - \$ 150 – security deposit (refundable)
  - \$ 55 – registration fee (non-refundable)
  - \$ 30 – cot sheet fee (non-refundable)
  - \$ 55 - program fee (non-refundable)
  - \$ 10 - t-shirt (non-refundable)
  - \$ \_\_\_\_ - first week's tuition

# ABOUT YOUR CHILD

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. Has your child ever enrolled or attended formal childcare? Who is your child's current caretaker?

\_\_\_\_\_

2. How do you put your child to sleep? What are their nap times?

\_\_\_\_\_

3. Favorite toys, activities? \_\_\_\_\_

4. How does your child express anger? \_\_\_\_\_

\_\_\_\_\_

5. Is your child afraid of: \_\_\_\_\_strangers \_\_\_\_\_new situations \_\_\_\_\_animals

6. What do you do to soothe your child when they are upset or scared?

\_\_\_\_\_

7. Is your child toilet trained? \_\_\_\_\_

8. How many siblings does your child have? What are their ages?

\_\_\_\_\_

9. What are your goals and expectations for your child at First Academy?

\_\_\_\_\_

10. Is there any other information regarding your child's development that you would like to share?

\_\_\_\_\_

# PARENTS/GUARDIANS INFORMATION #1

Name: \_\_\_\_\_

Relation to the child: \_\_\_\_\_

Lives with the child? Yes    No

Home Address:

\_\_\_\_\_

\_\_\_\_\_

Contact Information:

• Work: \_\_\_\_\_

• Cell: \_\_\_\_\_

• E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Work Number: \_\_\_\_\_

# PARENTS/GUARDIANS INFORMATION #2

Name: \_\_\_\_\_

● Relation to the child: \_\_\_\_\_

● Home Address:

\_\_\_\_\_

\_\_\_\_\_

Contact Information:

● Work: \_\_\_\_\_

● Cell: \_\_\_\_\_

● E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Work Number: \_\_\_\_\_

# CHILD PICK UP & CONTIGUOUS LIST

I authorized the following people to pick up my child when I am not available. All parents and guardians that are listed in the parent/guardians page are entitled to pick-up the child.

1. Name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Lives with the child? Yes    No

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Lives with the child? Yes    No

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Lives with the child? Yes    No

Phone: \_\_\_\_\_

# EMERGENCY CONTACT INFORMATION

If we cannot contact in case of an emergency, who else can we contact?

## EMERGENCY CONTACT INFORMATION #1

- Name: \_\_\_\_\_
- Relation to the child: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION #2

- Name: \_\_\_\_\_
- Relation to the child: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

# MEDICAL INFORMATION

## CHILD'S PHYSICIAN INFORMATION

• Name: \_\_\_\_\_

• Address: \_\_\_\_\_

\_\_\_\_\_

• Phone Number: \_\_\_\_\_

## MEDICAL HISTORY

*Does your child have any of the following? If yes, please explain?*

• Allergies including food allergies: \_\_\_\_\_

• Asthma: \_\_\_\_\_

• Other medical or special health conditions: \_\_\_\_\_

\_\_\_\_\_

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

**Date:** \_\_\_\_\_



# EMERGENCY MEDICAL CARE

This authorizes **FIRST ACADEMY** to secure EMERGENCY medical care for my child when I cannot be immediately reached at the time of emergency. I will be responsible for the emergency medical charges upon the receipt of the statement.

\_\_\_\_\_ is the preferred doctor/clinic/hospital.

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

Date: \_\_\_\_\_

# ADMINISTERING MEDICINE

I authorize **FIRST ACADEMY** to administer prescribed medicine to my child as specified in the prescription's directions for administration.

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

Date: \_\_\_\_\_

# DISCIPLINE POLICY

Discipline means to guide and change undesirable behavior. It is an integral part of learning. At First Academy, we believe that by guiding, modeling, and providing self-reflection; it will help eliminate undesirable behavior.

We DO NOT, under any circumstances shall:

- Use corporal punishment (hitting, spanking, swatting, beating, shaking, pinching and anything intended to induce physical pain or fear)
- Threaten or withdraw food, rest, or restroom privileges
- Use abusive or profane language
- Publicly or privately humiliate a child
- Discipline for toilet accidents
- Emotionally abuse by shaming, terrorizing, or isolating a child Here at First Academy, we believe that the most effective way to discipline a child is to:
  1. Talk to the child and helping them understand what they did wrong
  2. Guide the child, by giving other possible solutions to solve the problem
  3. Praise the child, by complimenting the child for making good decisions

Note: We will give a child a TIME OUT when it is necessary to help the child regain control of their emotions and it shall not exceed 1 minute + the child's age. After the time out, there will be a conversation to help the child understand why he or she received a time out and to explain alternative and more productive options he/she could have chosen in that situation.

Discipline is a partnership between school and home. Therefore, we encourage parents to openly communicate with staff. Communication between parents and the staff is vital to keep a consistent level of expectation of behaviors and discipline. Once the child knows what is expected of him or her, he or she is less likely to act out.

If a child's behavior continues to be an issue after many different approaches to correct the unwanted behavior, a meeting will occur between the director, staff, parents, and child. Every effort will be made at this meeting to resolve the problem. We will devise and implement a specific plan to help guide the child BUT if that plan does not work, the State states that, "Any child who, after attempts have been made to meet the child's individual need, demonstrated inability to benefit from the type of care offered by the facility, or whose presence is detrimental to the group, shall be discharged from the facility." It is our policy to exhaust all avenues of remediation to help guide the child. For the sake of the child. However should a need arise, we will find a more suitable place for the child to meet his/her needs.

<b>Parent Signature:</b> _____	<b>Date:</b> _____
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# LATE PICK –UP POLICY

We ask that you are considerate to our teachers and staff who close our centers (6:30 p.m.). Please arrive early to allow time for your child to get his/her belongings. If for some reason you must be late, please NOTIFY FIRST ACADEMY IMMEDIATELY. **There will be a \$1.00/per minute LATE PICK-UP FEE.**

If we do not receive a phone call by 6:30p.m., these are the following procedures FIRST ACADEMY will follow:

1. At 6:30, we will call the parents/guardian and leave a message.
2. By 6:40 we will call all the numbers on the emergency contact list.
3. By 6:50, we will call all contacts one more time.
4. By 7:00, we will then call the CHICAGO POLICE DEPARTMENT and inform them of the situation and follow their instructions on what to do.
5. We will remain responsible for the child until an authorized person picks-up the child. FIRST ACADEMY staff will NEVER hold the child responsible for the situation or discuss the situation with the child.

**PLEASE NOTE:** If you are chronically late in picking up your child, FIRST ACADEMY will have the right to DISCHARGE your child/ren from the facility.

We do not want to have to contact the POLICE DEPARTMENT, therefore, it is EXTREMELY IMPORTANT that you contact us if you are running late and update your contact information with us periodically. Thank you for your understanding and cooperation in this matter.

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

Date: \_\_\_\_\_

# TRANSPORTATION TO & FROM

# SCHOOL

My child, \_\_\_\_\_, age \_\_\_\_\_ will be:

\_\_\_\_\_ walking to/from school

\_\_\_\_\_ walking to/from bus stop

\_\_\_\_\_ riding with \_\_\_\_\_

\_\_\_\_\_ First Academy will pick up my child at \_\_\_\_\_(time)

at the following location \_\_\_\_\_

The school had been informed of this arrangement. I have been informed that First Academy's responsibility does not begin until my child is on the premises unless the childcare provider has agreed to transport my child in their vehicle. If there is a change in this schedule, I will inform the childcare provider.

ADDITIONAL COMMENTS:

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

**Date:** \_\_\_\_\_

# ATTENDANCE & TUITION

# AGREEMENT

Days Per Week: \_\_\_\_\_

Hours of Care: \_\_\_\_\_

Payment Agreement: \_\_\_\_\_

*The following rates are effective from \_\_\_\_\_ to \_\_\_\_\_ and subject to change. We will notify you one month in advance of any increase. **If you are two weeks behind in tuition, First Academy has the right to discharge your child/ren from the facility.***

<b>Parent Signature:</b> _____	<b>Date:</b> _____
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# PHOTOGRAPHIC AUTHORIZATION

I authorize First Academy to take pictures and videos of my child for social media and center use only. The photos are not to be sold to anyone, or used in any way for commercial purpose without prior consent from me. This includes, but is not limited to the following:

- Newspaper
- Contests
- Website
- Television

<b>Parent Signature:</b> _____	<b>Date:</b> _____
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# SIGN-IN & OUT

We are mandated by the State to keep records of the time your child is entrusted in our care and when they leave our facilities. Please sign your child in and out DAILY.

## PANDEMIC POLICY – COVID 19

If your child or family member contracts a virus, such as COVID-19

- The family will remain out of First Academy for 10 days
- Weekly school fees are still due during this time.
- Contact tracing will be in place and we will notify all families of students who were in close contact when your child was here.
- We will not disclose names of children.

If you or member of your household contract or come in contact with a virus, such as COVID-19;

- Parents must inform the center immediately
- You and/or members of your household must remain out of the center for 10 days

If you are traveling outside of the United States you have an obligation to let us know. If you travel to one of the hot spots your child will remain out of First Academy for 14 days.

If your child shows any of the following symptoms, they must stay home and can only return with a doctor's note stating the COVID-19 is not suspected and must be fever free for 72 hours. If your child develops any of these symptoms in our care, we will isolate the child and you must pick-up your child within 1 hour.

- Fever over 100.4
- Chills
- Sore throat
- Chronic cough
- Shortness of breath
- Vomiting
- Diarrhea

If government authorities decide the situation has reached the stage that schools are required to close or to close our school due to potential outbreak

- Parents will pay our sick policy (\$80/week) to maintain a spot at First Academy.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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.**