

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____

Address _____

Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____ Name _____

Relation to child _____ Relation to child _____

Home address _____ Home address _____

Phone Number _____ Phone Number _____

Place of employment _____ Place of employment _____

Address _____ Address _____

Phone Number _____ Ext. _____ Phone Number _____ Ext. _____

Working hours _____ Working hours _____

Parent Email -

Parent Email-

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____ Address _____

Phone Number _____ Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____ Address _____

Phone Number _____ Hospital or Clinic _____

PROGRAM

Days per week _____ Hours of care _____

Rate of pay (optional) _____

SIGN HERE

Elena Nikolov

Signature of parent or other person placing child

Signature of caregiver

Date

If the child has any of the following, please explaining:

Medical problems _____

Physical handicaps _____

Restrictions for play—outdoors _____

Restrictions for play—indoors _____

Allergies _____

Food likes _____

Food dislikes _____

Fears _____

Does the child take a nap? _____ Time _____ Length _____

Is the child toilet trained? _____

Does the child have special names for objects? (potty, cookies, drinks, etc.) _____

Does the child regularly take medication? _____ If so, what kind and directions _____

If the child is an infant, what are the feeding instructions? _____

Time _____ Amount _____ Temperature _____

Diaper changes: Powder _____ Ointment _____

Other information that will help in caring for the child _____

Comments:

Please list your child's Strengths, also please indicate your family values, beliefs, and cultural and rearing practices, so that this information can be shared with your child's teacher.

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY

State of Illinois
Department of Children and Family Services

CONSENTS TO DAY CARE PROVIDERS

NAME OF CHILD _____

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes Toddler Town Daycare
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will
be responsible for the emergency medical charges upon receipt of the statement. _____
is the preferred doctor/clinic/hospital.

Date _____

Signature of parent/guardian _____

SIGN HERE

Relationship to child _____

Date _____

Signature of parent/guardian _____

Relationship to child _____

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize Toddler Town Daycare
to administer prescribed medicine to my/our child as
specified in the prescription's directions for administration.

Date _____

Signature of parent/guardian _____

SIGN HERE

Relationship to child _____

Date _____

Signature of parent/guardian _____

Relationship to child _____

ADMINISTER OVER-THE-COUNTER MEDICINE
(Administer only in accord with the appropriate standards for licensure)

I/we authorize Toddler Town Daycare
to administer over-the-counter medicine to my/our
child as specified in written instructions.

Date _____

Signature of parent/guardian _____

SIGN HERE

Relationship to child _____

Date _____

Signature of parent/guardian _____

Relationship to child _____



TODDLER TOWN DAY CARE

Toddler Town Emergency Communication System

Toddler Town Daycare has set up a communication system for emergency purposes. Information about school closings and other emergencies will be sent directly by text message and or via email. To receive emergency text messages and or emails from Toddler Town Daycare, please fill out the information below.

Child's Name: _____

Parent's Name: _____

Cell Phone Number: _____

Cell Phone Carrier: (AT&T, Sprint, Verizon, Cricket, T-Mobile, Boost...) _____ ✓

Please print email clearly

Parent Email: _____ ✓

1501 Howard Street
Evanston, IL 60202
Tel: (847) 475-1467
Fax: (847) 475-5339
toddlerstownevanston.com

"Where your child always comes first."

5934 West Diversey Avenue
Chicago, IL 60639
Tel: (773) 622-9433
Fax: (773) 804-1273
toddlerstownchicago.com



Toddler Town Daycare

“Where your child *always* comes first”

This is a Facebook / Media Release Form

By signing below, I expressly give **Toddler Town Daycare** permission to use my Child's image and likeness in any online media, including, but not limited to the company's website and Facebook. I fully understand I will not receive compensation for my Child's image or likeness. I further release and hold harmless **Toddler Town Daycare** for any action whatsoever by using my Child's likeness and image.

Parent Name: _____

Parent Signature _____

SIGN HERE

Child Name _____

DATE: _____

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TODDLER TOWN DAY CARE

Dear Parent/ Guardian,

Toddler Town Daycare and all childcare centers must notify parents and guardians of it's pest management policy.

Toddler Town Daycare has contracted with Orkin pest management services. They come to the center and inspect it every month on or around the 15th of the month. We do not use or allow any poisonous materials in our building or around any of the children at anytime. In the event Toddler Town needs to use anything we use baits that are non poisonous which falls under the category of non-poisonous materials.

Parent's / Guardians are more then welcome to ask the director questions at anytime or to view Orkin's log book located in the director's office.

The information located below is taken from the Department of Children and Family services Licensing Standards.

- Before a child is enrolled, the day care center shall provide a summary of its pest management plan and uses of pesticides to the child's parents or guardians. The center shall notify all parents or guardians before a pesticide application, or maintain a registry of parents or guardians who wish to receive written notification of when the facility will receive a pesticide application and send a written notification to them. Notification of the intended date of the application of the pesticide, which may be in the form of newsletters, bulletins, calendars, or other written communication methods presently used by the center, must be given at least 2, but not more than 30, days before the pesticide application. When economically feasible, the center must adopt an Integrated Pest Management (IPM) program as defined in Section 3.25 of the Structural Pest Control Act [225 ILCS 235/3.25], involving the cooperation between day care staff and pest control personnel or other specialists to use a variety of non-chemical methods as well as pesticides, when needed, to reduce pest infestations to acceptable levels and to minimize children's exposure to pesticides.
- Prior notice of pesticide application is not required if the application is due to an immediate threat to health or property, in which case the pesticide must be immediately applied. Children shall not be present during the application and shall not return to the treated area within 2 hours after a pesticide application or as specified on the pesticide label, whichever time is greater. If such a situation arises, the appropriate day care center personnel must sign a statement describing the circumstances that gave rise to the health threat and ensure that written notice is provided to parents or guardians as soon as practicable.
- *Pesticides subject to notification requirements shall not include antimicrobial agents, such as disinfectants, sanitizers, or deodorizers, or insecticide baits and rodenticide baits (Section 10.3 of the Structural Pest Control Act).*

Parent/Guardian Signature _____

SIGN HERE

Date _____

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TODDLER TOWN DAY CARE

Parent Policy Handbook Receipt

The Parent of _____

I have received a copy of the Toddler Town Daycare's Parent Policy Handbook.

Parent's

Name _____

Parent's

Signature _____

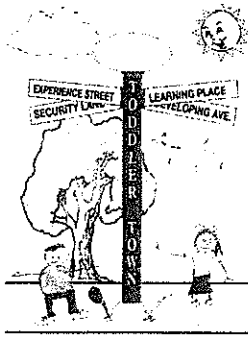
SIGN HERE

Date _____

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TODDLER TOWN

DAY CARE

Parents,

We are implementing an exciting new curriculum that will give you access to your child's development as well as pictures, observations and assessments via the internet. Each child will have their own individual profile in which you will be able to see only your child's information unless there is an observation for a group.

This is a unique opportunity for you to follow along with your child's education and development. We are asking that you please provide your email address that we can send you an invitation to join our **free** online website enabling you to start tracking your child's progress.

For our Spanish speaking parents, the site and all the information can be seen in Spanish as well. If you do not have an email address, we will be happy to assist you in creating one; which for our Spanish speaking parents can also be set to Spanish translation.

Thank you,

Toddler Town Daycare Staff

Estimados Padres,

Estamos implementando un plan de estudios nuevos y emocionante que le dara acceso al desarrollo de su hijo, asi como imagines, observaciones y evaluaciones a traves de internet. Cada nino tendra su propio perfil en el que usted podra ver la informacion solo de su hijo a menos que haya una observacion de un grupo.

Esta es una oportunidad unica para que usted siga junto la educacion de su hijo y su desarrollo. Estamos pidiendo que por favor proporcione su direccion de correo electronico para que podamos enviarle una invitacion para unirse a nuestro sitio web en linea **gratis** que le permite iniciar el seguimiento de los progresos de su hijo.

Para nuestros padres que hablan Espanol, el sitio y toda la informacion que se puede ver en Espanol tambien. Si usted no tiene una direccion de correo electronico, estaremos encantados de ayudarle en la creacion de uno. Adicionalmente, para los padres que solo hablan Espanol, su direccion electronic tambien se puede poner en Espanol.

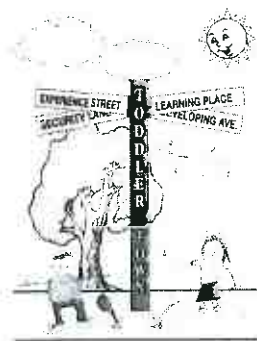
Gracias,

Personal de Toddler Town Daycare

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TODDLER TOWN DAY CARE

Toddler Town Daycare – Photographs & Publicity Policy

We periodically take pictures of the children in the center to let parents know and see what is going on during the day. Children are at the center for long hours and this is one way that we can allow parents be a part of their child's day.

- Pictures are placed on the bulletin boards located in the hallways of the center.
- Pictures are placed in the child's portfolios, located in the classroom.
- Pictures are used and placed throughout the classroom.
- Pictures are used as part of art projects.
- Pictures are used as a form of observation and evaluation of the child. These observations are placed on the Teaching Strategies website for parents to view at any time. Please see the director for login information. Observation reports are given to parents (3) per year.
- Extra pictures are always given to the child's parents/guardians.

Toddler Town Daycare uses Lifetouch as its schools professional picture company. Lifetouch comes to our center (2) per year to take photos of the children, before the holidays and before the summer. These pictures are available for parents to purchase.

Toddler Town Daycare does not use your child's pictures for purposes of Advertising on its website; if we choose to use your child's photo for our website we will contact you directly and have you sign a separate release form.

I give Toddler Town Daycare authorization to take pictures of my child.

SIGN HERE

Parent Signature

Print Name

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TODDLER TOWN DAY CARE

Diaper Information

Dear parents,

This letter is to inform you of the diaper changing and/or assisting policies here at Toddler Town Daycare. As a partner in your child's development we are pleased and eager to assist you in all ways possible; however given the number of students in the younger classrooms, the teachers are not able to fully potty train your child on a one on one basis. The children who are being potty trained at home will be sent to the bathroom before and after nap. Also the children will be asked periodically if they need to use the restroom throughout the day.

In addition, for the parents who have children fully in diapers there is a \$10 a week diaper changing fee. However, on the days that your child is not present you will not be responsible to pay for that day. Please be aware that the monetary fee goes directly to the teachers, it is not to be included when paying your tuition. The diaper changing balance is to be paid in full every Friday. If you wish to work out a different plan of payment feel free to speak with your child's teacher to arrange a compromise. Please note that there will also be a late fee of an additional \$2 for payments not made by the end of the day on Friday.

X _____

SIGN HERE

Thank you,

Toddler Town Daycare

Queridos padres,

Esta carta es para informarle a usted sobre los pagos de cambiar panales aqui en la Guarderia Toddler Town. Como un companero en el desarrollo de su nino/a estamos contento y impacientes para asistirle de todos los modos posibles; sin embargo considerando el numero de estudiantes en las aulas mas jovenes, las profesoras no son capaces de entrenar a su nino/a sobre el uso de el bano. Enviaran a los ninos que estan entrenando de orinar en la casa al bano antes y despues de comer y de la siesta. Tambien preguntaran a los ninos periodicamente si ellos sienten la necesidad de usar los servicios.

Ademas, para los padres que tienen ninos totalmente en panales hay un costo de \$10 semanal. Sin embargo, durante los dias que su nino no este presente, usted no sera responsable para pagar ese dia. Por favor este conciente que estos honorarios monetarios vayan directamente a las profesoras, no debe ser incluido con el pago de su matricula. El pago de los panales debe de ser pagado en total cade viernes. Si usted desea calcular un plan diferente por favor de hablar con las profesoras de su nino/a para arreglar un compromiso. Adicionalmente, nota que tambien habra una carga monetaria de 2 dolares para pagos no hechos hacia el final del dia los viernes.

X _____

Muchas Gracias,

Toddler Town Daycare

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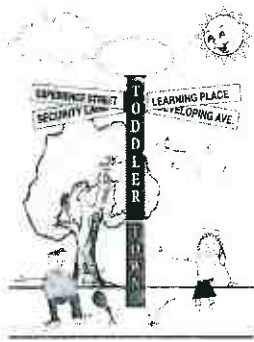
Toddler Town Daycare Discipline Policy –

The below information is taken from the Department of Children & Family Services

Section 407.270 Guidance and Discipline

- a) The day care center shall develop a guidance and discipline policy for staff use that is also provided to parents. Staff shall sign the guidance and discipline policy at the time of employment and parents shall sign the policy when their child is enrolled. The policy shall include:
 - 1) A statement of the center's philosophy regarding guidance and discipline;
 - 2) Information on how discipline will be implemented by staff;
 - 3) Information on how parents will be involved in the guidance and discipline process;
 - 4) Information on how children will be involved in the guidance and discipline process; and
 - 5) Written procedures for termination of a child's enrollment in the day care center because of disciplinary issues.
- b) Written rules for all children shall be established and available to children, parents and staff. These rules shall set the limits of behavior required for the protection of the group and individuals. The rules shall:
 - 1) Pertain to important situations;
 - 2) Be understandable to children;
 - 3) Be stated in the positive form whenever possible; and
 - 4) Be enforceable.
- c) Child care staff shall help individual children develop self-control and assume responsibility for their own actions.
 - 1) Limits and consequences shall be clear and understandable to the child, consistently enforced and explained to the child before and as part of any disciplinary action.

- 2) Discipline shall be developmentally appropriate and logically related to the child's act and shall not be out of proportion to the particular inappropriate behavior. The child shall be made aware of the relationship between the act and the consequences.
- 3) Firm positive statements about behaviors or redirection of behaviors shall be the accepted techniques for use with infants and toddlers.
- 4) Removal from the group to help a child gain control shall not exceed one minute per year of age. Removal from the group shall not be used for children less than 24 months of age.
- 5) Children shall not be disciplined for toilet accidents.
- 6) The following behaviors are prohibited in all child care settings:
 - A) Corporal punishment, including hitting, spanking, swatting, beating, shaking, pinching and other measures intended to induce physical pain or fear;
 - B) Threatened or actual withdrawal of food, rest or use of the bathroom;
 - C) Abusive or profane language;
 - D) Any form of public or private humiliation, including threats of physical punishment; and
 - E) Any form of emotional abuse, including shaming, rejecting, terrorizing, or isolating a child.
- d) Preschool and school-age children shall have reasonable opportunity to resolve their own conflicts.
- e) Discipline shall be the responsibility of adults who have an ongoing relationship with the child.
- f) When there is a specific plan for responding to a child's pattern of unacceptable behavior, all staff who affect the child shall be aware of the plan and cooperate in its implementation.
- g) Clinical behavior management plans may be developed to meet the needs of a particular child if developed with the parent and a professional clinician. This must be documented in the child's file. All staff working with the child shall receive training on implementing the plan.



TODDLER TOWN DAY CARE

Toddler Town Daycare Discipline Policy

Dear Parent/Guardian,

At Toddler Town Daycare your child will be cared for as if they were our own. All of the teachers will guide and teach children the importance of recognizing right from wrong and teach them how to acknowledge and control inappropriate behavior and learn how to correct it. As well as to employ positive discipline techniques, this will include praising the child and calling attention to appropriate behavior.

If a child is having problems in the classroom, the teacher will speak with the child to find out what is wrong. It is important to speak to the child to see what may be bothering them so that we can the situation in the correct manner. If the child is fine then they can return back to the group. If the child is still unable to participate in the group, then the child will be redirected to another area of the classroom. If the negative behavior persists then the child will be given a reflection session in the classroom or in another classroom (reflection sessions last for 1 minute per the child's age)

Toddler Town Daycare does not believe condone or allow teachers to use negative punishment techniques, which include hitting, spanking or the use of negative verbal language against the child.

- A much more in depth statement about Toddler Town Daycare's Discipline policy is located in our Parent Policy Handbook .
- A more in depth policy is also used from the Department of Children and Family Services – Section 407.270 – Guidance and Discipline

Parent Signature _____

SIGN HERE

Print Name _____

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TODDLER TOWN

DAY CARE

Toddler Town Daycare / Illinois Action For Children Contract

Parents who depend on the Illinois Action for Children program to pay childcare expenses must agree to the following policies:

- The parent/guardian will accept all responsibility for full payment of tuition if subsidized care / AFC is denied or if a child is removed from the program before receiving approval.
- If the parent allows the eligibility to lapse, ie. (not completing the required redetermination form) then the parent will agree to pay \$100.00 per week, per child until we receive an approval letter. Toddler Town daycare will honor this rate until your case is approved, provided that all paperwork is submitted to Toddler Town daycare to submit to AFC or a receipt is provided from the parent from AFC that paperwork has been submitted.
- Toddler Town Daycare only accepts children Full-time. This means 5 full-time days per week. If AFC children does not approve you for 5 full-time days, then it is the parents responsibility to cover the difference to achieve 5 full-time days.
- Please be advised that non-payment of tuition will be grounds for collection. We are willing work out payment plans as we understand that financial circumstances vary. However, we will not jeopardize the salaries of our staff due to payment incomppliance.

I have read and fully understand the Illinois Action for Children Contract. I agree to the terms and conditions.

SIGN HERE

Parent Signature

Date

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Toddler Town Daycare

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Toddler Town Daycare Tuition Rate Sheet

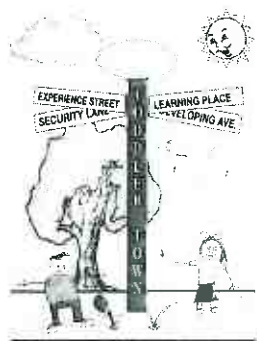
Effective - January 2019

Age of Child	Full-Time Daily	Weekly Rate
Age 2	\$50.00	\$250.00
Age 3	\$43.00	\$215.00
Age 4	\$43.00	\$215.00
Age 5	\$43.00	\$215.00
Age 6	\$43.00	\$215.00

- **No Security Deposit**
- **No Registration Fee**

Parent Signature _____

SIGN HERE



TODDLER TOWN

DAY CARE

Fundraising Agreement

By participating in mandatory fundraising we help to keep the school tuition costs down. For a family with one child enrolled in school your obligation is \$104 or two boxes of product, with two children it is \$156 or three boxes of product, and for a family with three children or more it is \$208 or four boxes of product. Failure to participate in the fundraising will result in your obligated cost being added to your tuition. Each dollar we help raise goes directly to support our school.

Mandatory fundraising is a means of keeping tuition costs to a minimum. Throughout each year we will have 1 fundraising event to give us the opportunity to meet our school goal. In order to meet our fundraising goal, all families are required to participate, and accept responsibility to achieve this goal. Fundraising also encourages families to become involved in their children's activities and provide opportunities for us to create and sustain a strong school community, which creates a stronger family.

We also offer prizes to the top 3 selling students of the center. Prizes and dates for the fundraiser will always be given to families in advance of the fundraiser. Fundraiser will mostly consist of "Worlds Famous Chocolate Bars" @ \$1.00 per bar.

Child's Name _____ Date _____

Parent's Name _____

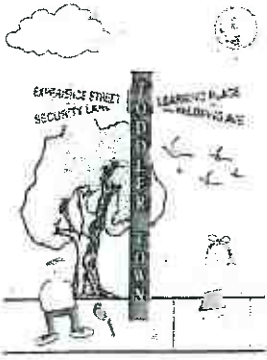
Parent's Signature _____

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Toddler Town Daycare

*"Where your child **always** comes first"*

CONSENT FORM - Ages & Stages Questionnaires (ASQ-3)

Ages & Stages Questionnaires: Social Emotional (ASQ-SE)

The first 5 years of life are very important for your child(ren) because this time sets the stage for success in school and later life. During infancy and early childhood, you child(ren) will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period.

Please read the text below and select the desired option to indicate whether you will participate in the screening/monitoring program.

INITIAL HERE

☐ I have read the provided information about the Ages & Stages Questionnaires (ASQ-3) & Ages & Stages Questionnaires: Social Emotional (ASQ-SE) and I wish to have my child(ren) participate in the monitoring program. I will fill out the questionnaires about my child's development and promptly return the completed questionnaires through the online questionnaire completion system.

☐ I do not wish to participate. I have read the provided information about the Ages & Stages Questionnaires (ASQ-3) & Ages & Stages Questionnaires: Social Emotional (ASQ-SE) and understand the purpose of this program.

Parent Name _____

SIGN HERE

Parent Signature _____

* If child was born 3 or more weeks prematurely, list number of weeks premature: _____

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AUTHORIZATION TO RELEASE/OBTAIN PATIENT INFORMATION

This authorizes Toddler Town Daycare to obtain information as described below.
This information is necessary to complete your child's file for enrollment at a child care facility.

Please fax required information to 847-475-5339

THE PHYSICIAN/FACILITY IS AUTHORIZED TO RELEASE INFORMATION ON THE FOLLOWING PATIENT:

PATIENT INFORMATION

1. Patient Name: _____
2. Address of Patient: _____
3. City, State, Zip: _____
4. Telephone: _____
5. Date of Birth: _____

INFORMATION NEEDED:

- ____ TB TEST
- ____ TB RESULTS
- ____ LEAD TEST
- ____ LEAD RESULTS
- ____ MISSING SHOTS
 - ____ HIB/HB ____ IPV
 - ____ DTP/DTAP ____ MMR
 - ____ VARICELLA

♦ Please Complete the attached
Medical Form

INFORMATION DESTINATION

Toddler Town Daycare
1501 W. Howard St.
Evanston, IL 60202
Office: 847-475-1467
Fax: 847-475-5339

Doctor's Name: _____ ✓

Office Number: _____ ✓

Fax Number: _____ ✓

RELEASE AUTHORIZATION:

I hereby request and authorize the named physician/facility to release the medical information described above to the named individual/organization indicated.

Signature of Parent/Guardian: _____

SIGN HERE

Relationship to Patient: _____

Date: _____



INSURANCE INFORMATION

In order to comply with new regulations set forth by the state of Illinois, all child care centers must provide proof of medical insurance for the children that attend the center.

Name of Parent/Guardian: _____

Name of Child: _____

Name of Insurance Provider: _____

Policy Number: _____

**Please also attach a copy of your Insurance Card
for our records.**

Thank You,

Angelo Nikolov
Director
Toddler Town Daycare
Office - 847-475-1467
Fax - 847-475-5339
angelon@toddertownevanston.com



TODDLER TOWN DAY CARE

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.

SIGN HERE

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.

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TODDLER TOWN DAY CARE

Copy of Birth Certificate

Dear Parent/Guardian,

Per state law a copy of your child's birth certificate is needed for enrollment to our childcare center.

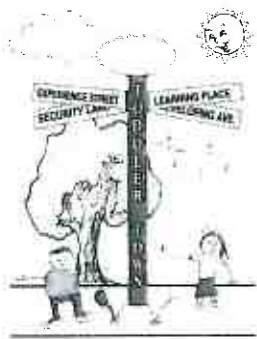
Thank you,

Director

1501 Howard Street
Evanston, IL 60202
Tel: (847) 475-1467
Fax: (847) 475-5339
toddlertownevanston.com

"Where your child always comes first."

5934 West Diversey Avenue
Chicago, IL 60639
Tel: (773) 622-9433
Fax: (773) 804-1273
toddlertownchicago.com



TODDLER TOWN

DAY CARE

Toddler Town Daycare Emergency Contact Form-

The Department of Children and Family Services requires that all children have a contact list on file in case of an Emergency. Please fill out all of the information below that is required for you and your contact people, Thank you.

Parent Name-	Parent Name-
Address-	Address-
Tel/Wrk-	Tel/Wrk-
Cell-	Cell-
Email -	Email -
Contact Name-	Contact Name-
Address-	Address-
Tel/Wrk-	Tel/Wrk-
Cell-	Cell-
Relation to child-	Relation to child-
Contact Name-	Contact Name-
Address-	Address-
Tel/Wrk-	Tel/Wrk-
Cell-	Cell-
Relation to child-	Relation to child-
Contact Name-	Contact Name-
Address-	Address-
Tel/Wrk-	Tel/Wrk-
Cell-	Cell-
Relation to child-	Relation to child-
Contact Name-	Contact Name-
Address-	Address-
Tel/Wrk-	Tel/Wrk-
Cell-	Cell-
Relation to child-	Relation to child-

Parent Signature

SIGN HERE

Date

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CHILD PICKUP

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize _____
Name Address Phone
and/or _____
Name Address Phone
and/or _____
Name Address Phone

to pick up my/our child when I am/we are unavailable.

Date _____

SIGN HERE

Signature of parent/guardian _____

Relationship to child _____

Date _____

Signature of parent/guardian _____

Relationship to child _____

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize Toddler Town Daycare to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date _____

SIGN HERE

Signature of parent/guardian _____

Relationship to child _____

Date _____

Signature of parent/guardian _____

Relationship to child _____

SWIMMING

I/we consent to my/our child using the swimming pool of WE DO NOT TAKE THE CHILDREN SWIMMING
Name of Provider

at _____
Address

Date _____

Signature of parent/guardian _____

Relationship to child _____

Date _____

Signature of parent/guardian _____

Relationship to child _____



TODDLER TOWN

DAY CARE

Release of Responsibility

I _____ would like to add _____
to the list of people that are authorized to pick up my _____
_____ from Toddler Town. I know
that this person is under age. I do not hold Toddler Town Daycare
liable once they leave the center and release them from all
responsibility. They will have the proper identification and they are
aware of the pick up policies and procedures of the center.

SIGN HERE

Parent Signature

Date

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INITIAL HERE

Dear Parent/Guardian,

At Toddler Town Daycare, we love celebrating birthdays, holidays, and special occasions. We also want to ensure we are teaching the children life-long healthy eating habits. This is why **beginning January 1st, 2013, we will only be allowing parents/guardians to bring in healthy snacks during these special times.**

We will no longer allow foods such as cupcakes, cakes, doughnuts, or candy to be brought in during birthdays or holidays. Instead, we encourage you to explore healthier options to share with the class and save the sugary foods to eat at home. The teachers will also stop giving out candy as rewards and will instead give out prizes like art supplies, books, chalk, bubbles, and other items to expand your child's mind.

You are welcome to send healthy treats or goody bags to share with classmates. Please let the teachers know in advance that you will be bringing a treat to class and the teachers will arrange to distribute the treats or goody bags to the children after naptime or at dismissal.

All healthy food items must arrive unopened as packaged by the manufacturer or it will not be accepted. Homemade treats are not permitted by the Illinois Health Department. And as always, no nuts are allowed.

Remember, if you would like to celebrate with your child's birthday at school please, **Bring In Really Tasty Healthy Delicious Appetizing Yummy Snacks!**

Birthday treat suggestions

- Fruit popsicles
- Fruit cups
- Yogurt
- Rice Cakes
- Fruit Muffins
- Fresh Fruit
- Hand Snacks

Goodie Bag suggestions

- Stickers
- Markers/Crayons
- Books
- Chalk
- Bubbles
- Coloring Books
- Puzzles

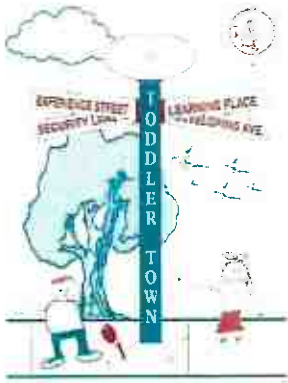
Two great websites that also offer snack ideas and healthy eating are: www.choosemyplate.gov and www.colormehealthy.com.

We thank you in advance for your cooperation and understanding!

Angelo Nikolov, M.Ed. Director
Toddler Town Daycare
1501 Howard Street
Evanston, Illinois 60202
(847) 475-1467

Robert Nikolov, Director
Toddler Town Daycare
5934 W. Diversey
Chicago, Illinois 60639
(773) 622-9433

*Some information courtesy of CCDC



Toddler Town Daycare

"Where your child *always* comes first"

EXPULSION POLICY TODDLER TOWN DAY CARE

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from the center:

IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or him/herself.
- Parent threatens physical or intimidating actions towards staff members.
- Parents exhibits verbal abuse to staff in front of enrolled children.
- Parents are going through a divorce and dragging the center in the middle of their disputes.
- The center is a neutral zone and will not take sides.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child. Verbal abuse to staff.
- Parents are going through a divorce and dragging the center in the middle of their disputes.
- Failure of parent to follow developmental plans set forth by experts in regard to their child's development and behavior

CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting or hitting.

Prior to expulsion, a parent will be called, and correspondence will be sent home indicating what the problem is, and every effort will be made by both the center and the parent to correct the problem. If, after one or two weeks, depending on the risk to other children's welfare or safety, behavior does not improve, and the center finds that they can no longer accommodate the child, the parent will be asked to remove him/her. The parent will be given a minimum of one week's notice to find another center to provide care for this child. Parents will be given several recommendation's on locations / programs that can work for their child.

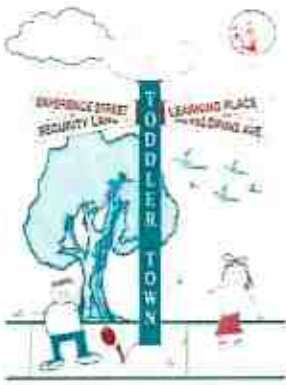
SIGN HERE

Parent Signature

Date

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Toddler Town Daycare

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School Tuition Contract

Child's Name _____

Parent's Name _____

- The tuition rates are the same regardless of attendance, hours or holidays.
- All payments are due based on the tuition policy of the center (1) $\frac{1}{4}$ on the 1st of the month and the remaining $\frac{3}{4}$ on the 15th month, (2) Payment in full on the 1st of each month. *Or your credit card will be charged on 15th of the month at 6pm for the remaining tuition balance.
- All late payments will be charged a late fee of **\$35 per late payment**. Persistent late payments are grounds for termination of child care. Child care spots will be lost after 2 weeks of non-payments.
- **2 weeks notice required** upon leaving the center. If 2 weeks notice is not given in writing, your account will be charged a flat rate of **\$300** for the 2 weeks of non-notice.
- All accounts that are not paid in full will be reported to a collection agency for collection, which could result in, negative listing with the credit bureaus, law suit or wage garnishments. **Additionally, any collection fees charged to Toddler Town Daycare, including but not limited to, collection agency and or attorney's fees will be added to the amount due to Toddler Town Daycare.**
- If you ask Toddler Town Daycare to hold your child's spot for any reason you are responsible for your child's tuition.
- **If Action for Children does not pay your child's tuition, then you are 100% responsible for the tuition balance with no exceptions.**
- **Action For Children parents are required to sign an additional tuition contract.**
- If your personal check comes back NSF, we will no longer be able to accept personal checks. Payments will then need to be made in the form of cash or money order along with a \$25 NSF fee.
- Parent's are required to participate in the **mandatory** yearly school fundraising program
- Toddler Town charges an activity fee per month please see center director for your center's amount.

INITIAL HERE

SIGN HERE

Parent Signature _____ Date _____



Toddler Town Daycare

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Important Information

On your child's first day of attendance, your child will need the following items....

1. Change of Clothing- pants, shirt, underclothes and socks. Please make sure that your child's change of clothes are always weather appropriate.
2. Small blanket and pillow for nap time – We provide and wash the cot sheets weekly. If you would like to have your child's pillow and blanket washed, please let your child's teacher and they can leave it out on Fridays. Please make sure that you bring them back on Monday morning. The center does not keep extra pillows or blankets.

Diapers and wipes if your child is not potty trained.

Fee Schedule –

- Please see the attached weekly tuition rate sheet for list of fees . *Please check with the center director about your locations Monthly Activity Fee amount
- All payments are due based on the tuition policy of the center **(1)** ½ on the 1st of the month and the remaining ½ on the 15th month, **(2)** Payment in full on the 1st of each month. *Or your credit car will be charged on 15th of the month at 6pm for the remaining tuition balance..
- All late payments will be charged a late fee of \$35 **late payment**. Persistent late payments are grounds for termination of child care. Child care spots will be lost after 2 weeks of non-payments. Mandatory Current Credit Card form must be kept on file.
- Subsidy parents are allowed to start before they receive an approval from Action for Children for a weekly fee of **\$100 per week** per child until we receive an approval letter from Action for Children. Once we receive approval and our first payment from Action for Children your account will be credited all payments minus your co-payment portion. See the director for more information.
- For children that are not potty trained, the center charges a fee of **\$10 per week**, which is paid to the 2-year-old teacher(s). Please do not include these payments with your tuition payments.
- There is NO registration fee or Security deposit , your completed application is your security deposit.
- I have read and understand all of the above information-

SIGN HERE

Parent Signature

Date

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D A Y C A R E
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Credit Card Authorization Form For Tuition Payments

Toddler Town Daycare **requires and makes mandatory** that all parents keep a credit card on file with the center. If you have not paid your tuition **in full by the 15th** day of the current month your account will be charged for the entire balance due along with a late fee of \$35.00. Parents can still make payments from the 1st of the month through the 15th of the month through our website (www.myprocare.com), leaving payment envelopes with your child's teacher or making them directly to the office. **If your payment is \$0.00 by the 15th day of the month, your credit card will not be charged.** However, if we try to process your card and it is declined, your child will not be able to return to the center until payment in full is received. If after ONE WEEK we do not have a full payment, your child's spot will be given to the next child on our waiting list.

Toddler Town will not be able to waive this requirement or accept payment arrangements for past due tuition any longer. All accounts will be required to be current by the last day of the month.

Please complete all fields.

Credit Card Information

Card Type: **MasterCard** **VISA** **Discover**

Cardholder Name (as shown on card):

Card Number:

Expiration Date (mm/yy):

Cardholder ZIP Code (from credit card billing address):

CVV (Security number from back of card):

I, , authorize Toddler Town Daycare to charge my credit card above for Child Care Tuition if I have not already made my payment in full. I understand that my information will be saved on file for future transactions on my account.

Customer Signature

Date



To keep your credit card data safe, DO NOT EMAIL THIS FORM to Toddler Town.

Please print and deliver in person.



Toddler Town Daycare

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Vacation or Leave of Absence Policy

(Vacation) Families paying full tuition are allowed a reduction of $\frac{1}{2}$ of their weekly tuition due to a vacation with a maximum of 2 weeks in one calendar year. Vacation time should be pre-arranged with the center at least one week in advance. [If your child does not take a vacation, then there is no vacation credit offered.] There are no vacation allowances for Action for Children parents

(Leave of Absence) We hope you understand that we cannot just hold spots for free without charging a fee. We are turning students away because we have no spots available or are placing them on a waitlist with guarantee. As you know we have ongoing expenses that we must cover, and a budget based on a current enrollment or set enrollment amount. So, when parents leave with no notice we have to charge a fee and when parents want to pull their child out for a break in order to hold that spot we have to charge for that time even though the child is not at the center to cover costs such as food, staff, utilities, supplies, and etc., this is done by charging the parent a discounted rate (vacation credit) for that period of time.

Please consider this scenario to help make sense of the above issues - You have your home budget set per your monthly income / expected hours, you go into to work and your boss tells you that there is no work for you come back in 3 weeks we will have work then. How will this effect you and your budget? The same applies when parents leave with no notice or want to leave for an extended period of time.

- Parents can choose to give 2 weeks' notice and pull their child out for an extended period of time but there is **NO GUARENTEE GIVEN** that there will be a spot when you return.

2-Weeks-Notice

If you plan on leaving the center, 2 weeks' notice in writing must be given to the Director, verbal notices to the teachers are not acceptable. Families leaving without notice will be charged a \$300 fee. Due upon leaving the center. Parents can fill out a form on our website. go to www.toddertownevanston.com or www.toddertownchicago.com, click on parent resources and then click on 2 weeks notice form. No exceptions to these policies.



Parent Signature _____ Date _____

Child Name _____

Parent Name _____

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Child Name _____

Parent Name _____

How do co-payments work

The state assistance program requires that the parent's co-payment is used first and then the assistance portion kicks in. Kind of the way that insurance works. Regardless of whether the child was there for a day in the month or the entire month, the parent co-pay is first collected and then the state portion is paid.

- Parents who have been approved for child care benefits from the IDHS Child Care Assistance Program (CCAP) are required to help pay for the cost of their child care.
- You **MUST** make a payment, called the Parent Co-Payment, to your child care provider each month.
- The amount of your parent co-payment is shown on the Approval Notice.
- The Department will pay your provider directly for the remaining child care charges up to the maximum rate. The Department will not pay for any child care charges over the maximum rate.
- Your provider will tell you when to pay the parent co-payment, each week or once a month.
- If you have more than one provider, only one provider will be assigned to collect the parent co-payment. The amount of the parent co-payment will be shown on the Approval Notice for the provider assigned to collect the parent co-payment. The Approval Notice will show if the provider is not assigned to collect the parent co-payment.

The amount of your parent co-payment is based on gross monthly income and family size.

For Example –

Your Co-Pay is \$5.00 for the month.

The state pays \$1.00 a day for the month

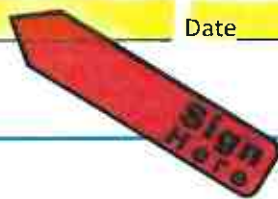
Your child only attended for 5 days

Your Co-payment covers the 1st 5 days and no payment will be received from the state

If your child attended for 6 days. The first 5 days comes from you and then the remaining days payment comes from the state. I hope that this clears things up for you. Please let me know if you have any additional questions.

Parent Signature _____

Date _____



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State of Illinois
Certificate of Child Health Examination

FOR USE IN DCFS LICENSED
CHILD CARE FACILITIES
CFS 600
Rev 11/2013

Illinois Department of
DCFS
Children & Family Services

Student's Name			Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle	Month/Day/Year			
Address			Parent/Guardian	Telephone # Home	Work	
Street	City	Zip Code				

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		
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 influenza type b								
Hepatitis B (HB)								
Varicella (Chickenpox)				COMMENTS:				
MMR Combined Measles Mumps, Rubella								
Single Antigen Vaccines								
Pneumococcal Conjugate								
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza								

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 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 result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN

Date											Code:
Age/Grade											P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
	R	L	R	L	R	L	R	L	R	L	
Vision											
Hearing											

Student's Name			Birth Date	Sex	School	Grade Level/ ID #
Last	First	Middle	Month/Day/Year			

HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during the night	Yes	No	Hospitalizations? When? What for?	Yes	No
Birth defects?	Yes	No	Surgery? (List all.) When? What for?	Yes	No
Developmental delay?	Yes	No	Serious injury or illness?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	TB skin test positive (past/present)?	Yes*	No
Diabetes?	Yes	No	TB disease (past or present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No	Tobacco use (type, frequency)?	Yes	No
Seizures? What are they like?	Yes	No	Alcohol/Drug use?	Yes	No
Heart problem/Shortness of breath?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No
Heart murmur/High blood pressure?	Yes	No	Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Dizziness or chest pain with exercise?	Yes	No	Information may be shared with appropriate personnel for health and educational purposes.		
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)					
Ear/Hearing problems?	Yes	No	Parent/Guardian Signature		
Bone/Joint problem/injury/scoliosis?	Yes	No	Date		

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE	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. Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date (Blood test required if resides in Chicago.)				
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. 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			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	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 Antagonist) <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: ☐ 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: _____ (If No or Modified, please attach explanation.)

PHYSICAL EDUCATION Yes ☐ No ☐ Modified ☐ **INTERSCHOLASTIC SPORTS** (for one year) Yes ☐ No ☐ Limited ☐

Print Name	(MD, DO, APN, PA) Signature	Date
-------------------	------------------------------------	-------------

Address	Phone
----------------	--------------

(Complete both sides)

HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS CHILD AND ADULT CARE FOOD PROGRAM

1. All Household Members	2.	3.
NAMES OF ALL HOUSEHOLD MEMBERS <small>First, Middle Initial, Last</small>	AGES OF CHILDREN AT CENTER <small>Age of Children at Center</small>	FOSTER CHILD <small>Foster children are a legal responsibility of DCFS or court. If all are foster children, skip to Section 6</small>
	<input type="checkbox"/>	SNAP OR TANF CASE NUMBER <small>Skip to Part 6 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.</small>
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

4. Homeless, Migrant, or Runaway

☐ Homeless
 ☐ Migrant
 ☐ Runaway
 ☐ Head Start

Signature of Homeless Liaison, Migrant Coordinator, or Head Start Director _____ Date _____

5. Total Household Gross Income (before deductions) You must tell us how much and how often.

GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/very other week; \$100/week)

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

6. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Section 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.

☐ I do not have a Social Security Number.

Social Security Number _____

I certify all information on this application is true and all income is reported. I understand the center will get federal funds based on the information I give. I understand the institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member _____

7. Contact Information (Optional)

Work Telephone Number (Include Area Code) _____ Home Telephone Number (Include Area Code) _____ Home Address (Number, Street, City, State, ZIP Code) _____

8. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Mark one or more racial identities: ☐ Asian ☐ Black or African American ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

9. Optional - Sharing Information With All Kids Insurance Program

May we share your information on this application with the All Kids Insurance Program, the complete health insurance program for every child in Illinois? If yes, do not sign below.

☐ No, I do not want my information from this application shared with the All Kids Insurance Program.

Date: _____ Sign here: _____

CHILD CARE REPRESENTATIVE USE ONLY			
Eligibility Determination - Complete Sections A and B Below			
SECTION A	Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12	<small>Convert income only if different frequencies of pay are reported.</small>	
TOTAL INCOME \$ _____		NUMBER IN HOUSEHOLD: _____	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Free based on: <input type="checkbox"/> foster child <input type="checkbox"/> migrant <input type="checkbox"/> SNAP or TANF <input type="checkbox"/> runaway <input type="checkbox"/> homeless <input type="checkbox"/> household's income <input type="checkbox"/> Head Start </div> <div> <input type="checkbox"/> Reduced based on: <input type="checkbox"/> household's income </div> <div> <input type="checkbox"/> Denied — Reason: <input type="checkbox"/> income too high <input type="checkbox"/> incomplete application <input type="checkbox"/> Non-qualifying SNAP/TANF </div> </div>			
SECTION B	Signature of Determining Official: _____ Date: _____		

ILLINOIS STATE BOARD OF EDUCATION

Annual Enrollment Form

Child and Adult Care Food Program

This form is required for Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs.

This form is NOT required for At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters.

Parents/Centers: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. The center will review completed enrollment form.

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3	TIMES CHILD NORMALLY ATTENDS DURING WEEK		4	MEALS RECEIVED																				
First Child	Name Birth Date Age	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<table border="1"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th> <th>PM</th> <th>TIME</th> <th>AM</th> <th>PM</th> <th>TIME</th> <th>Leaves Center</th> <th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL																						
AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center																					
Second Child	Name Birth Date Age	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above <table border="1"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th> <th>PM</th> <th>TIME</th> <th>AM</th> <th>PM</th> <th>TIME</th> <th>Leaves Center</th> <th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
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TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL																						
AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center																					

Please answer both questions. This information is voluntary.

5	ETHNIC/RACIAL CATEGORIES—	A. Ethnic data of child(ren) — Mark only one.	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
		B. Racial data of child(ren) — Mark one or more that apply.	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
			<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native

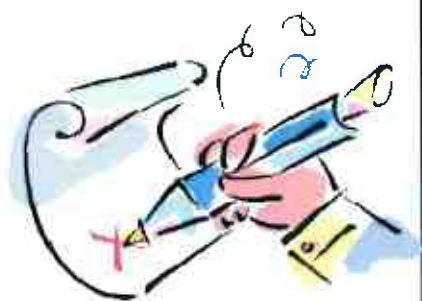
6	SIGNATURE	I certify the information above is correct.	
		Signature of Parent or Guardian	Date
			Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of this enrollment form: _____

The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.eeoc.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.



INSURED

☒ YES
☐ NO



<u>Missing Items on Enrollement Application</u>	
<input type="checkbox"/>	Signatures
<input type="checkbox"/>	Food Form
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Health Insurance
<input type="checkbox"/>	Consent Forms
<input type="checkbox"/>	School Physical
	<input type="checkbox"/> Shot Record Completed (Front Page) <input type="checkbox"/> Health Care Provider Signature <input type="checkbox"/> Health Care Clinic Stamp <input type="checkbox"/> Health History Questionnaire <div style="margin-left: 20px;"> <input type="checkbox"/> Yes and No Questions Answered <input type="checkbox"/> Signed And Dated by Parent </div> <input type="checkbox"/> Lead Test <input type="checkbox"/> TB Test <input type="checkbox"/> Asthma Plan, if child has asthma <input type="checkbox"/> Doctors Note for allergies or dietary restriction
<input type="checkbox"/>	Credit Card Form



***In order for your child to return
to school, we need this by:**