



For Office Use Only **Child's Start Date:** _____

Enrollment and Emergency Information **Date Application Completed by Parent** _____

Child's End Date: _____

Date Received by Business Office _____

Child Information

Legal Name: First _____ Middle _____ Last _____ Date of Birth: Month _____ Day _____ Year _____

Gender: (*circle one*) **Male** or **Female** Primary Language(s): _____ Nationality: _____ Birth Location: City _____ Country _____

Primary Residence: Street Address _____ City _____ State _____ Zip _____

Days/Hours Enrolled: Mon _____ am until _____ pm Tues _____ am until _____ pm Wed _____ am until _____ pm Thurs _____ am until _____ pm Friday _____ am until _____ pm

Parent/Guardian Information

Primary Email Address: _____ @ _____ . _____ Cell Phone (____) ____ - ____ Cell Phone Company: _____

Legal Name: First _____ Middle _____ Last _____ Date of Birth: Month _____ Day _____ Year _____

Gender: (*circle one*) **Male** or **Female** Relationship to Child:(*circle one*) Birth Mother Birth Father Foster Parent Adoptive Parent Legal Guardian Grandparent Aunt Uncle Sibling Other: _____

Primary Residence: Street Address _____ City _____ State _____ Zip _____ Primary Phone (____) ____ - ____

Employer _____ Street Address _____ City _____ State _____ Zip _____ Work Phone (____) ____ - ____

Work hours: Mon _____ am until _____ pm Tues _____ am until _____ pm Wed _____ am until _____ pm Thurs _____ am until _____ pm Friday _____ am until _____ pm

Name of College/University/Technical/Training Attended _____ Program of Study _____

Street Address _____ City _____ State _____ Zip _____ School Phone (____) ____ - ____

School hours: Mon _____ am until _____ pm Tues _____ am until _____ pm Wed _____ am until _____ pm Thurs _____ am until _____ pm Friday _____ am until _____ pm

Second Parent/Guardian Information

Primary Email Address: _____ @ _____ . _____ Cell Phone (____) ____ - ____ Cell Phone Company: _____

Legal Name: First _____ Middle _____ Last _____ Date of Birth: Month _____ Day _____ Year _____

Gender: (*circle one*) **Male** or **Female** Relationship to Child:(*circle one*) Birth Mother Birth Father Foster Parent Adoptive Parent Legal Guardian Grandparent Aunt Uncle Sibling Other: _____

Primary Residence: Street Address _____ City _____ State _____ Zip _____ Primary Phone (____) ____ - ____

Employer _____ Street Address _____ City _____ State _____ Zip _____ Work Phone (____) ____ - ____

Work hours: Mon _____ am until _____ pm Tues _____ am until _____ pm Wed _____ am until _____ pm Thurs _____ am until _____ pm Friday _____ am until _____ pm

Name of College/University/Technical/Training Attended _____ Program of Study _____

Street Address _____ City _____ State _____ Zip _____ School Phone (____) ____ - ____

School hours: Mon _____ am until _____ pm Tues _____ am until _____ pm Wed _____ am until _____ pm Thurs _____ am until _____ pm Friday _____ am until _____ pm

Emergency Contact Plan: In the event of an emergency of an immediate nature, every attempt will be made to follow this contact plan.

First Contact: _____ **Relationship to Child:** _____ **Cell Phone:** _____ **Work/Home Phone:** _____

Second Contact: _____ **Relationship to Child:** _____ **Cell Phone:** _____ **Work/Home Phone:** _____

Third Contact: _____ **Relationship to Child:** _____ **Cell Phone:** _____ **Work/Home Phone:** _____

Both Parents' Right to Pick up the Child: Under the laws of the state of Illinois, both parents may have the right to pick up their child unless a court document restricts that right. The enrolling parent(s)/party(ies), who chooses not to include the other parent's name on the authorized list for pick-up must file an official court document such as: * Current restraining order * Sole custody decree * Divorce decree stating sole custody * Judgment of adoption * Foster parent documentation. Absent this documentation, the program may release the child to either parent, provided that parent documents biological, foster, or adoptive parenthood of that child. My signature below indicates I have read and understand this right:

Parent/Guardian Printed Name: _____ Signature: _____ Date: _____ / Second Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

Authorized list for pick up: Persons on the authorized list below must be at least 18 years of age and able to supply documentation of their identity. Acceptable documentation includes: State ID, U.S. Driver's License, Passport, Military ID. My signature below indicates I have read and agree to abide by this policy:

Parent/Guardian Printed Name: _____ Signature: _____ Date: _____ / Second Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

1. Legal Name _____ Relationship to Child _____ Primary Phone (____) ____ - _____ Secondary Phone (____) ____ - _____

Home Address _____ City _____ State _____ Zip _____

2. Legal Name _____ Relationship to Child _____ Primary Phone (____) ____ - _____ Secondary Phone (____) ____ - _____

Home Address _____ City _____ State _____ Zip _____

3. Legal Name _____ Relationship to Child _____ Primary Phone (____) ____ - _____ Secondary Phone (____) ____ - _____

Home Address _____ City _____ State _____ Zip _____

4. Legal Name _____ Relationship to Child _____ Primary Phone (____) ____ - _____ Secondary Phone (____) ____ - _____

Home Address _____ City _____ State _____ Zip _____

Car safety seats required: Children transported in vehicles must be buckled safely into car safety seats/seatbelts that meet state requirements. Parents will take whatever steps are necessary to maintain and use car safety seats. Parents will also ensure that any person who picks up a child with a vehicle will transport children in car safety seats/seatbelts that meet state requirements. Another person on the authorized list will be called if this requirement is not met. Staff members are not permitted to assist in car seat installation or buckling a child into a safety seat or seat belt. Staff members are not permitted to pick up a child in lieu My signature below indicates I have read and agree to abide by this policy:

Parent/Guardian Printed Name: _____ Signature: _____ Date: _____ / Second Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

Child's safety preeminent: If we have a concern about a child's safety at pick up time, we will contact another person on the authorized list to pick up the child. If a crisis arises at the end of the day, we will take the following steps to ensure everyone's safety and well being. We will utilize the following procedure: * Not immediately release the child. While discussing our concerns with the person picking up the child, we will engage the child with another staff member; * Contact the other parent or persons on the authorized list to enlist them in ensuring that the child leaves our care safely; * Offer alternatives. Brainstorm with the family member alternative ways to ensure the child goes home safely; * Release the child with reservation, notifying the appropriate authorities of our concern; * Call in the police and/or other authorities if anyone's well being and/or safety is threatened. My signature below indicates I have read and agree to abide by this policy:

Parent/Guardian Printed Name: _____ Signature: _____ Date: _____ / Second Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

Health Questionnaire:

Was your child born premature (before 38 weeks gestation) ___ Yes ___ No (if yes, how early? _____ weeks) Were there any complications of birth? ___ Yes ___ No (if yes, please specify: _____)

Birth weight: _____ lbs, _____ oz How old was the mother at the time this child was born? _____ years Does your child have any history of serious illness or hospitalization? Yes ___ No ___

If yes, please explain: _____ Diagnosis of asthma? Yes or No ; Diagnosis of diabetes? Yes or No If yes, Type I or Type II?

Communicable Diseases: (Please check all that your child has had and provide dates) Measles (Big Red) _____ Date: _____; Measles (3-day) _____ Date: _____; Mumps _____ Date: _____; Chicken Pox _____ Date: _____;

Whooping Cough _____ Date: _____; Scarlet Fever _____ Date: _____; Other _____ Date: _____ Does child frequently have any of the following? Upper Respiratory Illness ___ Tonsillitis ___ Ear infection ___

Stomach ache ___ Diarrhea ___ Vomiting ___ Rash ___ Fever ___ Any diagnosed allergies? Yes ___ No ___ If yes, please list all allergies _____

If your child has any allergies, please have your doctor provide a written statement detailing the diagnosis, allergens to avoid, and a treatment plan inclusive of instructions for administering any “emergency” medication(s).
Please note that we are able to make food substitutions if a child has a diagnosed allergy, when accompanied by a physician’s note listing the allergy, food restrictions, and recommended food substitutes.

Does your child have an EPI pen? Yes ___ No ___ (if yes, an unexpired EPI pen must be provided to the Director prior to your child’s first day of attendance, along with a prescription and emergency plan)

Any physical/developmental delays and/or disabilities? Yes ___ No ___ If yes, please specify: _____

Has your child ever been referred for Early Intervention Services and/or Special Education Services? Yes ___ No ___ (If your child has or is receiving services, attach the most recent copy of your child’s IFSP or IEP to this packet. Future IFSP or IEP meetings should involve our teaching staff or Director. Please complete any release/consent forms with your child’s IFSP or IEP coordinators to ensure our staff receives regular updates)

Do you have any concerns about your child? Yes ___ No ___ (check all that apply) ___ Speech ___ Behavior ___ Large Muscle Development ___ Small Muscle Development ___ Vision ___ Hearing ___ Cognitive

___ Social Skills ___ Emotional Well Being ___ Hyperactivity ___ Distractibility ___ (Please detail concerns here): _____

Family Values/Beliefs Questionnaire:

What do you enjoy doing in your free time with your child/ren? _____

Do you live alone with your child/ren or do you live with other people? If you live with other people, please share who lives with you: _____

What are your goals for your child? _____

Are there any cultural/religious expectations for your child’s behavior? If so, please explain: _____

Are there any customs or rituals your family follows with respect to meal periods? If so, please explain: _____

Was/Is your child breast-fed? ___ Yes ___ No If yes, until what age did you or do you plan to breast feed your child? _____

Are there any foods/drinks your child is not permitted to for religious/cultural/personal reasons? If so, please list restricted foods and appropriate substitutes for those items: _____

Are there any customs you following regarding sleep time for your child? If so, please explain: _____

Would you be interested in opportunities for connecting with parents or families with backgrounds, interests and/or beliefs similar to your own? ___ Yes ___ No If yes, please list any specific interests you have: _____

Children frequently enjoy having parents and family members participate in their classroom. Are there any skills, talents, or artifacts you would like to share with your child’s class? If so, please explain: _____

Rev 7/2007
State of Illinois
Department of Children and Family Services
CONSENTS TO DAY CARE PROVIDERS

NAME OF CHILD: _____ **DATE OF BIRTH:** _____

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 must sign all of the following consents:

EMERGENCY MEDICAL CARE:

This authorizes SWIFT CHILD CARE 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.

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

FIRST AID/CPR:

I/we authorize the trained staff of Swift Child Care to administer First Aid and CPR to my/our child _____. In the event the injury or situation is of a serious nature, the staff will contact 911 for help. We/I _____ parents/legal guardians of _____ (name of child/ren) agree to hold Swift Child Care and its staff for any harm that our child may experience during or as a result of the administration of First Aid and/or CPR.

In cases of accidents and health emergency, paramedics will be called. In addition, every effort will be made to contact the parents immediately.

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

ADMINISTER PRESCRIPTION MEDICINE:

I/we authorize SWIFT CHILD CARE to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

ADMINISTER OVER-THE-COUNTER MEDICINE:

(Administer only in accordance with the appropriate standards for licensure)

I/we authorize SWIFT CHILD CARE to administer over-the-counter medicine to my/our child as specified in the physician's written instructions.

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES:

I/we authorize SWIFT CHILD CARE 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) or its officers/staff. 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.

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

SWIMMING: (For children 3 years and older)

I/we consent to my/our child using the swimming pool of Skokie Water Park – Skokie Park District at 4715 Oakton Street, Skokie Illinois 60076

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Sunscreen:

As the parent/guardian of the above child, I/we recognize that too much exposure to UV rays may increase my/our child's risk of getting skin cancer someday. Swift Child Care practices sun safety. I/we acknowledge that the staff at Swift Child Care to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my/our child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m. I/we understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs. I/we understand that I/we may be required to provide a suitable sunscreen for my/our child. Every child should have on file a standing order from their health care provider for the use of sunscreen (nonprescription medication) in the care setting, in addition to the parental consent to have sunscreen applied. I/we have *checked all* applicable information regarding the child care program's choice in brand/type and use of sunscreen for my/our child:

- I do not know of any allergies my child has to sunscreen.
- My child is allergic to some sunscreens. I/we will provide the following sunscreen for use for my child ONLY: _____
- Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the product container.
- I have provided the following brand/type of sunscreen for use for my child: _____
- For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: _____

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Health Care Provider's Name (optional): _____ Signature: _____ Date: _____ Telephone: (____) _____ - _____ **NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!**

No Babysitting Policy:

I/we understand that employees of Swift Child Care are not permitted to work (in any capacity) for current, past, or future families in our program. Staff members at Swift Child Care are also not permitted to babysit for families in our program.

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Cooking/Nutrition Activities:

I/we give permission for my/our child _____ to participate in all nutrition activities that are scheduled during the hours that my child is in attendance at Swift Child Care Early Childhood Center. I/we understand that my child may not be permitted to participate in activities with items that he/she may have a diagnosed allergy to.

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Photos:

I/we give permission for my/our child _____ to participate in all publicity videos or photo taping sessions that are scheduled during the hours that my child is in attendance at Swift Child Care. I/we understand that my/our child will not be identified by name in any photo, nor in any promotional materials without my express written consent.

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Prayer:

I/we acknowledge that it is common practice for one of the following prayers to be said before each meal and snack and understand that my child will be present and may participate in this practice: "God is good; God is great, let us thank Him for our food. Amen." Or "Thank You for the world so sweet, thank You for the birds that sing, thank You for the grass so green, thank You God for everything!"

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Tuition, Copay, and Fee Payment Policy:

I/we understand that tuition and any other weekly fees are due each Monday, prior to my/our child attending at Swift Child Care. Failure to remit payment on Monday before 6:00 p.m. may result in suspension of my/our child's enrollment until the balance and any past due amounts and fees are paid in full. In the event my/our child's enrollment is suspended due to non-payment, The following late payment penalty structure is in place:

Payments received after Monday will accrue the following late charges: \$15.00 for the first day the payment is past due; \$15.00 for each additional week the payment remains past due

Payments that are returned by a financial institution or credit card company (examples are not limited to NSF, Unavailable Funds, Unsigned Checks, Stop Pay, Declined or Disputed Charges) are treated like late payments. Additionally, families who experience a returned payment will be required to provide a new method of payment, in accordance with current S.C.C. policies.

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Fee for Late Pickup:

We are licensed by DCFS to provide care only until 6:00 p.m. We also occasionally close earlier for monthly meetings, holiday breaks, and other reasons. All early closures are communicated to parents in advance via one or more of the following modes: email, electronic messaging, memos, bulletins, signs, letters, and verbal reminders. If your child has not been picked up by the Center's designated closing time each day, a late charge will accrue at the rate of \$5.00 per minute for the first ten minutes and then \$20.00 for every following increment of ten minutes until your child is picked up. **All late pickup fees are payable when the late pickup occurs. If the fee is not paid in the office by the following business morning, your child(ren) may not return to school until the fee has been paid.** Further, if a parent fails to arrive on time and does not pick up their child (or send a person listed on the authorized pickup/emergency contact list) within two hours after closing time, the staff of Swift Child Care will be required to call 911 to notify the local authorities of the situation. Please be advised that Center staff will attempt to call all people listed under authorized pickups and emergency contacts prior to making any phone call to local authorities. Please sign below to state that you have read and agree to abide by the above stated policy.

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____



Classroom Assignment

Name of Child: _____

Enrollment Date: _____

Initial Classroom Assigned: _____

Change in Classroom:

Date: _____

Change in Classroom:

Date: _____

Change in Classroom:

Date: _____

Change in Classroom:

Date: _____

How did you hear about us? (please check any/all that apply: Website ___ Google Search Engine ___ Yahoo Search Engine ___ Other Search ___ Flyer ___ Skokie Parade ___ Skokie Library Preschool/Child Care Fair ___ Action for Children Referral ___ QRS Program Search ___ Billboard ___ Friend/Family (please name)_____

Swift Child Care Early Childhood Center and its staff will not be liable for any adverse action or occurrences resulting from false/incorrect information contained on the child's application. It is the responsibility of the child's family/responsible party to provide updated or new contact information or authorized parties (for pickup) in writing immediately upon occurrence.

SWIFT CHILD CARE HAS A STRICT "NO BABYSITTING POLICY". THIS MEANS THAT STAFF MEMBERS ARE NOT ALLOWED TO PROVIDE CARE FOR CHILDREN ENROLLED AT SWIFT CHILD CARE OUTSIDE OF REGULAR BUSINESS HOURS. THIS POLICY ALSO FORBIDS SWIFT CHILD CARE STAFF MEMBERS FROM BABYSITTING FOR CHILDREN AND FAMILIES THAT ATTEND SWIFT CHILD CARE. Please sign below to indicate you have read our "No Babysitting Policy":

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

I/we agree to abide by all policies (written, oral, and posted) and understand that Swift Child Care reserves the right to make updates and changes to their policies at any time. In the event I/we am unable to abide by a policy of Swift Child Care, I/we understand that I/we will be required to withdraw my child from care immediately. I/we have thoroughly read and understand the policies and procedures as outlined in the Parent Handbook and any supplemental packets provided to me/us, and hereby authorize the enrollment and attendance of my child, _____, at Swift Child Care.

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Date of Agreement: _____ Family was provided Parent Handbook dated: _____

Signature of Director: _____

SUBSEQUENT UPDATES TO PARENT HANDBOOK

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Date Received _____

Handbook Dated _____

Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Second Parent/Guardian Printed Name: _____ Relationship to Child _____ Signature: _____ Date: _____

Date Received _____

Handbook Dated _____

Date of Discharge _____

Reason for Discharge _____

Signature of Director _____