



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

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 _____ Birth Location: City _____ Country _____

Gender: (*circle one*) **Male** or **Female** Primary Language(s): _____ Nationality: _____

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

Please indicate days/hours you would like your child to attend our Center:

Mon am until pm **Tues** am until pm **Wed** am until pm **Thurs** am until pm **Friday** am until pm

1st Parent/Guardian Information

Primary Email Address: _____ @ _____ . _____

Cell Phone (____) ____ - _____ Cell Phone Company Name: _____ Primary Phone (____) ____ - _____

Legal Name: First _____ Middle _____ Last _____

Date of Birth: Month _____ Day _____ Year _____ Gender: (*circle one*) **Male** or **Female**

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

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

Employer _____ Address _____ City _____ State _____

Zip _____ Work Phone (____) ____ - _____

Please indicate days/hours you are at work:

Mon am until pm **Tues** am until pm **Wed** am until pm **Thurs** am until pm **Friday** am until pm

If you are in school, please indicate:

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

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

Please indicate days/hours you attend school or training:

Mon am until pm **Tues** am until pm **Wed** am until pm **Thurs** am until pm **Friday** am until pm

2nd Parent/Guardian Information

Primary Email Address: _____ @ _____ . _____

Cell Phone (____) ____ - _____ Cell Phone Company Name: _____ Primary Phone (____) ____ - _____

Legal Name: First _____ Middle _____ Last _____

Date of Birth: Month _____ Day _____ Year _____ Gender: (*circle one*) **Male** or **Female**

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

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

Employer _____ Address _____ City _____ State _____

Zip _____ Work Phone (____) ____ - _____

Please indicate days/hours you are at work:

Mon am until pm **Tues** am until pm **Wed** am until pm **Thurs** am until pm **Friday** am until pm

If you are in school, please indicate:

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

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

Please indicate days/hours you attend school or training:

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.

1st Contact: _____ **Relationship to Child:** _____ **Cell Phone:** _____

Work/Home Phone: _____ **Home Address:** _____

2nd Contact: _____ **Relationship to Child:** _____ **Cell Phone:** _____

Work/Home Phone: _____ **Home Address:** _____

3rd Contact: _____ **Relationship to Child:** _____ **Cell Phone:** _____

Work/Home Phone: _____ **Home Address:** _____

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:

1st Parent/Guardian Printed Name: _____ **Signature:** _____ **Date:** _____

2nd 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:

1st Parent/Guardian Printed Name: _____ **Signature:** _____ **Date:** _____

2nd Parent/Guardian Printed Name: _____ **Signature:** _____ **Date:** _____

1st Person: _____ **Relationship to Child:** _____ **Cell Phone:** _____

Work/Home Phone: _____ **Home Address:** _____

2nd Person: _____ **Relationship to Child:** _____ **Cell Phone:** _____

Work/Home Phone: _____ **Home Address:** _____

3rd Person: _____ **Relationship to Child:** _____ **Cell Phone:** _____

Work/Home Phone: _____ **Home Address:** _____

4th Person: _____ **Relationship to Child:** _____ **Cell Phone:** _____

Work/Home Phone: _____ **Home Address:** _____

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 it comes to our attention that 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 of any other person. My signature below indicates I have read and agree to abide by this policy:

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd 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:

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd 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

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 ___ Does your child have any history of serious illness or hospitalization? Yes ___ No ___

If yes, please explain: _____

Has your child ever required emergency medical care? If so, please explain: _____

Diagnosis of asthma? Yes or No; **Diagnosis of diabetes?** Yes or No If yes, Type I or Type II?

Diagnosis of allergies? Yes ___ No ___ If yes, please list all diagnosed 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 substitute 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:

Past Care Questionnaire: Swift Child Care Early Childhood Centers reserves the right to request child/school records from any previous daycare or child care provider. Please sign here to indicate you are aware of this policy: _____

Has your child ever been in a home daycare, Center, or other child care or nursery/preschool program? Yes ___ No ___

(Please list the names of the Centers or home daycares they have attended, along with dates)

Most recent: _____ City/State: _____ / _____ Phone Number: (_____) _____ - _____

Year/Month began: ____/____ Year/Month stopped: ____/____ **What is the reason the previous Center/provider will say your child left?**

Most recent: _____ City/State: _____ / _____ Phone Number: (_____) _____ - _____

Year/Month began: ____/____ Year/Month stopped: ____/____ **What is the reason the previous Center/provider will say your child left?**

Has your child had any difficulty separating from you or other family members in the past? Yes ___ No ___ Please explain:

Has your child had any difficulties with previous caregivers or teachers? Yes ___ No ___ If yes, please explain:

Please share the thing you liked most that a previous caregiver or teacher did that you wish we would do:

Please share the thing you liked most that a previous caregiver/program offered that you wish we would offer:

Has your child had any difficulty separating from you or other family members in the past? Yes ___ No ___ If yes, please explain:

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.

1st Parent/Guardian Printed Name: _____ **Signature:** _____ **Date:** _____

2nd Parent/Guardian Printed Name: _____ **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.

1st Parent/Guardian Printed Name: _____ **Signature:** _____ **Date:** _____

2nd Parent/Guardian Printed Name: _____ **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 and directed by me/us.

1st Parent/Guardian Printed Name: _____ **Signature:** _____ **Date:** _____

2nd Parent/Guardian Printed Name: _____ **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 and direct by me/us.

1st Parent/Guardian Printed Name: _____ **Signature:** _____ **Date:** _____

2nd Parent/Guardian Printed Name: _____ **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.

1st Parent/Guardian Printed Name: _____ **Signature:** _____ **Date:** _____

2nd Parent/Guardian Printed Name: _____ **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.

1st Parent/Guardian Printed Name: _____ **Signature:** _____ **Date:** _____

2nd Parent/Guardian Printed Name: _____ **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 may 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 parental consent form & authorization 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.

I have provided the following brand/type of sunscreen for use _____

OR Staff may use the sunscreen of the program’s choice following the directions and recommendations printed on the product container.

My child is allergic to some sunscreens.

AND I/we will provide the following sunscreen for use for MY CHILD ONLY: _____

For medical or other reasons, please do NOT apply sunscreen to the following areas of my child’s body: _____

NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!

APPROPRIATE CLOTHING, HATS, SUNGLASSES, AND COVERUPS SHOULD BE PROVIDED BY PARENTS FOR USE DURING OUTDOOR TIME

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

Health Care Provider’s Name (optional): _____ Address: _____ Telephone: (____) _____ - _____

No Babysitting & Conflict of Interest Policies:

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. Violation of this policy may result in termination of my child’s/family’s enrollment at Swift Child Care and/or termination of the employee in violation of our policy.

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

Cooking/Nutrition Activities:

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

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

Photos:

I/we give permission for my/our child _____ and ourselves _____ and/or _____ 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.

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

Prayer:

I/we have been informed that it is common practice at Swift Child Care 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!" For safety purposes, at no time shall any child be removed from the group during any mealtime prayer period.

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd Parent/Guardian Printed Name: _____ 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.

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd Parent/Guardian Printed Name: _____ 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 **\$2.00 per minute for every minute until your child is picked up and exits the Center.** *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.

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd Parent/Guardian Printed Name: _____ Signature: _____ 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 write their name) _____

Initial Classroom Placement: (For Office Use Only)

Location: _____ Classroom Name/Number: _____ Date: _____ Age of child: _____

Classroom Age Grouping: _____ Notes Regarding Child's Placement: _____

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 and/or in the child's file. 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.

In most cases all known parents/guardians of an enrolling child may be required to sign enrollment and financial contract paperwork. Exceptions to this practice may be granted under special circumstances.

Parent/Guardian Acknowledgement and Authorization for Child's Enrollment:

I/we understand that all enrollments at Swift child Care are done on a 30 day initial trial basis. **As stated in the Center's Acceptance and Enrollment Policy as well as the Discharge/Withdrawal Policy; at any time during the initial 30 day period the program administrators and/or teaching staff determine that this program is not the right fit for my child and/or family, Swift Child Care reserves the right to discontinue my child/family's enrollment.** 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 fail to abide by a policy of Swift Child Care, I/we understand that I/we will be required to withdraw my/our 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 or information provided to me/us, and hereby authorize the enrollment and attendance of my child, _____, at Swift Child Care.

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

Program Acceptance: For Office Use Only

Name of Director: _____ Signature of Director: _____

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

I/WE HAVE RECEIVED AND REVIEWED THE FOLLOWING SUBSEQUENT UPDATES TO THE PROGRAM'S PARENT HANDBOOK:

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

Handbook Dated _____

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

Handbook Dated _____

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

Handbook Dated _____

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

Handbook Dated _____

Program Withdrawal or Discharge:

Name of Director: _____ Signature of Director: _____

Date of Withdrawal or Discharge: _____ Reason: _____

ATTACH SUPPORTING DOCUMENTATION FOR ANY FAMILY AND/OR PROGRAM INITIATED WITHDRAWAL OR DISCHARGE