

Is this a New Address?  
\_\_\_ Yes \_\_\_ No

TLC PRESCHOOL  
ENROLLMENT 2017/2018

(Office Use Only)  
Medical Condition?  
\_\_\_ Yes \_\_\_ No

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F

Nickname: \_\_\_\_\_ Birth date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

Child lives with: \_\_\_ both parents \_\_\_ mom \_\_\_ dad other: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address (If different than child): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Work Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address (If different than child): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Work Address: \_\_\_\_\_

**EMERGENCY CONTACTS:** In case of illness or emergency, if the parents cannot be contacted, the following people are authorized to pick up my child. **DCFS REQUIRES 2 NAMES.**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**THE FOLLOWING PEOPLE ARE ALSO AUTHORIZED TO PICK UP MY CHILD:**

You can use the same people as above if you choose. **DCFS REQUIRES 2 NAMES.**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_

**The following are for statistical purposes:**

Family's Church Membership/Affiliation \_\_\_\_\_

Is your child baptized? (please circle) **Yes** **No** If yes, baptism date? \_\_\_\_\_

Race (Caucasian, Hispanic, Asian, African American, etc.) \_\_\_\_\_

**MEDICAL INFORMATION**

If your child has any of the following, please explain. *If your child does not, please indicate "None".*

Medical Problems: \_\_\_\_\_

\_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

\_\_\_\_\_

Diagnosed Developmental Delays: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please list any medications your child takes: \_\_\_\_\_

(Please get a "Consent to Administer Medication" form from the TLC office if your child needs to take medication at school.)

Restrictions for Outdoor Play: \_\_\_\_\_

Restrictions for Indoor Play: \_\_\_\_\_

**IN CASE OF EMERGENCY**, every effort will be made to contact the parents or the emergency contacts. If first aid for your child is needed, it will be administered by the classroom teacher, assistant, or director. An accident form will be completed for your review. In case of an extreme emergency, the local ambulance will take your child to (list your preference) \_\_\_\_\_ hospital if possible, or to the closest hospital if the ambulance decides it is in the best interest of the child. Please provide the following:

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree in the case of an accident or injury, first aid and/or emergency medical care may be given to my child.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**A CURRENT HEALTH FORM and IMMUNIZATION RECORD MUST BE ON FILE  
BEFORE THE STUDENT BEGINS SCHOOL.**

**(ILLINOIS DEPARTMENT OF HUMAN SERVICES CERTIFICATE OF CHILD HEALTH EXAMINATION FORM)**

**New students** must have a physical **less than 6 months prior** to the initial date of school entry.

The medical examination shall be valid for two years. (DCFS 407-310)

**STUDENT RACIAL NONDISCRIMINATION POLICY**

TLC Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school administered programs.

**TLC PRESCHOOL has my/our permission for the following:**

**PHOTOGRAPHS, VIDEOTAPES, and ART PROJECTS:** Permission is granted to the TLC staff to take photographs and/or videotape of my child during school hours. My consent is given for those photographs and videotapes to be used in publications, shown at meetings, in settings where development of children is being studied, or used in publicity for the school, including the church/school website. My child’s art work or projects may be used in ways deemed appropriate by the staff, including, but not limited to displays in the community, newsletters, t-shirts, fliers and the like, or in publicity for the school. **Circle: YES NO**

**NAME/ADDRESS/PHONE:** TLC has my permission to place my name, address, and phone number on the class list and in the school directory, which will be given to parents for the purpose of car-pooling and general information. This directory is for the sole use of our families and is not to be used for securing business contacts. **Circle: YES NO**

**RELIGIOUS INSTRUCTION:** It is my understanding that TLC includes the teaching of Christian virtues in their curriculum. Bible stories will be told and songs will be sung about Jesus and God. Children will meet weekly for a “Chapel Time” of songs & stories in the church. Christian holidays will be celebrated. Prayers will be offered before snacks. **Circle: YES NO**

**COLLEGE STUDENT OBSERVATIONS / STUDENT TEACHERS:** Occasionally, students from local colleges come to TLC Preschool to observe our classrooms. These students will not take any photographs or videos while observing in our classrooms. McHenry County College may also place student teachers at TLC Preschool. I understand that I will receive notification if a student teacher is placed in my child’s classroom. **Circle: YES NO**

**VISION & HEARING:** The McHenry County Department of Health holds a Vision and Hearing Screening at TLC every year. “Vision screening is not a substitute for a complete eye exam and vision evaluation by an eye doctor. Your child is not required to undergo this vision screening if an optometrist or ophthalmologist has completed and signed a report form indicating that an examination has been administered within the previous 12 months”. (The previous wording is required by Illinois State Law). This is a State mandated program for all preschool/daycare children. I understand that my child will go through the screening unless he/she already is under the care of an eye/ear doctor, or has been screened at another location. I understand that I will receive a form to fill out before the screening takes place. **Circle: YES NO**

I HAVE READ AND AGREE TO THE ABOVE RELEASES:

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## TLC Arrival & Departure of Children Agreement

1) TLC dismisses children individually at the classroom door at the following times:

Morning Preschool Classes @ 11:30am

Afternoon Preschool Classes @ 3:00pm

- a) We will charge a late pick up fee of \$5.00 for every 15 minutes, beginning 15 minutes after the end of each class session.
  - b) We will attempt to contact the parent(s) after waiting 15 minutes. If we are unable to contact the parent(s) after two attempts, we will attempt to reach the child's emergency pick up contacts.
  - c) If we are unable to contact the parents or anyone on the child's emergency list after 30 minutes, we will contact the Huntley Police Department to try to locate the child's parents and/or contacts. After one hour, we will contact DCFS.
- 2) It is very important to have up-to-date emergency contact numbers on file. Please let the director know when any emergency contact phone numbers have been changed.
  - 3) TLC Preschool acknowledges that we are responsible for the child's protection and well-being until the parent, designated emergency contact person, or outside authorities arrive.
  - 4) Parents/Caregivers are responsible for their child's behavior before and after school. Please encourage your child to be respectful of other children and adults, respectful of school and church property, and to follow playground rules if you choose to use that area outside of school times.
  - 5) The TLC staff shall not hold the child responsible for the situation, and discussion of this issue will only be with the parent or guardian, and never with the child.

Please initial:

\_\_\_\_\_ We have read the above, and agree to the terms.

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

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**TLC Preschool Guidance and Discipline Policy,  
Receipt of Parent Handbook and Summary of DCFS Licensing Standards**

Our philosophy is to work to avoid situations where discipline is needed by providing the type of environment and activities that encourage children to work together and to become self-directed. All children will make mistakes, and we believe that mistaken behaviors are part of learning!

Our intent is to mold or change mistaken behavior using the following:

1. TLC Staff modeling loving Christian behavior;
2. Developing with the students rules that set clear limits for their behavior;
3. Redirecting to other activities if a child becomes frustrated or demonstrates difficulty in managing him/herself;
4. Reinforcing positive behavior;
5. Encouraging students to develop solutions to their mistaken behaviors;
6. Helping the student to understand the consequences of their behavior.

In extreme situations, a "Sit & Watch" procedure is used. The teacher remains with the child in the classroom, gives him/her a manipulative, and helps the child find better choices for mistaken behaviors. Occasionally we will have to "close" a center to a child, until they are able to exhibit appropriate behavior in the center. If behaviors are consistently disruptive to learning and teaching time or cause potential harm to others, the parent or guardian will be called to make an individual plan for their child with TLC.

The parent has the right to disenroll their child if desired.

TLC reserves the right to disenroll children as we deem necessary.

An exit plan would be made as required by DCFS.

Please initial:

\_\_\_\_\_ We have received a copy of the TLC Handbook, which includes the TLC Guidance & Discipline policy, available online at <http://tlc.trinityhuntley.org>.

\_\_\_\_\_ We have received a copy of the Summary of DCFS Standards, available online at <http://tlc.trinityhuntley.org>.

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

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

(Must be signed by at least one parent)

CHILD'S NAME: \_\_\_\_\_

Please provide the following information to help our teachers get to know your child:  
(All information is confidential)

Has your child ever attended preschool before? \_\_\_\_\_ Where? \_\_\_\_\_

Was the experience positive? \_\_\_\_\_

What special interests does your child have? \_\_\_\_\_

\_\_\_\_\_

What is your child's favorite TV show(s)? \_\_\_\_\_

List your child's favorite songs/stories: \_\_\_\_\_

\_\_\_\_\_

Does your child express any fears? \_\_\_\_\_

What calms your child down? \_\_\_\_\_

\_\_\_\_\_

Please list names and ages of other children in your family: \_\_\_\_\_

\_\_\_\_\_

Please list any important details you would like us to know about your family history:  
(i. e. death, divorce, illness, birth of siblings, moving, etc...)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your child lives with: \_\_\_\_\_

\_\_\_\_\_

(Please let us know about any shared custody situations)

-----OVER-----

PERSONAL INFORMATION PAGE 2

In general, how do you handle discipline at home? \_\_\_\_\_  
\_\_\_\_\_

Do you have any developmental concerns about your child? (Speech, language, fine or gross motor, emotional or physical development, or any other concern):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any cultural or family information we should know? (Customs, language, etc...)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else that you would like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope your child will gain from his/her experience at TLC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date