

ENROLLMENT CHECKLIST

PLEASE COMPLETE THE FOLLOWING FORMS AND RETURN BY APRIL 30th :

- Enrollment Packet
 - Let's Get Acquainted
 - Child Release Form
 - Family Support Role
 - Emergency Medical Form
 - Medical Insurance Information
 - Procedure for Medical Treatment
 - Picture and Field Trip Permission Form
 - Classroom Volunteer Form
 - Family Contract
 - Permission for and Authorization for Background Check
 - Every family must submit at least one set of forms. If more than one family member is planning to volunteer or visit the classroom, please submit a set for each adult. Additional forms can be found on our website: westminster-preschool.org
- State of Illinois Certificate of Child Health Examination
 - A physical exam is good for two years following the date of the physician's signature.
- Immunization Record
 - If a child is under-immunized because of a medical condition or family beliefs, supporting evidence must be provided from a healthcare professional.

DEPOSIT & ACTIVITY FEE:

- Deposit due at Welcome Meeting
 - A deposit equal to one month's tuition is required to hold your child's place in class.
 - The deposit is not refundable after August 1st.
 - If all other fees and tuition payments are fulfilled, the remaining balance of the deposit fee will be applied to the last month's tuition.

2 day class = \$90.00 3 day class = \$135.00 4 day class = \$180.00

- Student Activity Fee due September 1 - \$90
 - This fee is applied to field trips, special events, insurance, and classroom supplies

ALL FORMS & FEES MUST BE SUBMITTED BEFORE THE FIRST DAY OF SCHOOL

LET'S GET ACQUAINTED...

No one knows your child better than you and we value that knowledge!
Please complete this questionnaire so your child's teacher can learn more about your unique child.

Child's full name _____ Birthdate _____

What name do you want your child to learn to recognize/write?

Legal Guardian _____ Occupation _____

Legal Guardian _____ Occupation _____

Does your child live with both parents, mother, father or other adults?

Brothers and Sisters (name, age, school)

Other people regularly in household (name, age, relationship)

Family pets _____

Is a language other than English spoken in the home? _____ If so, what language? _____



Westminster

Co-op Preschool

Are there any cultural, religious or family issues we should be aware of?

Please describe the type of discipline most often used at home_____

List any allergies or chronic illnesses_____

Child's words for urination _____ Bowel movement_____

Does your child have any fears we should be aware of? _____

What are your child's favorite activities?

What are your child's special interests or passions? (*dinosaurs, bugs, science, art, books, etc.*)

What are some of your child's favorite books? _____

Does your child write or draw at home? How often? What do they like to draw or write about?

Is your child right-handed, left-handed or undecided? _____

Is there something special to your family that you would be willing to share with the class?
(a favorite recipe, a special collection, an instrument, a hobby, a profession, etc.)

What goals do you have for your child this school year?

Is your child receiving additional services from other agencies or programs such as speech therapy?
_____ Yes _____ No

How often do you hope our program takes field trips?

Is there anything else you would like us to know about your child? _____

CHILD RELEASE FORM

Child's Name: _____

Individuals listed below will be required to show picture identification before your child will be released. Each child must have one (and only one) Child Release Form signed by both parents on file at the preschool.

I/We authorize ONLY the following individuals to pick up my child:

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Signature of Parent/Guardian	Relationship to Child	date
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Signature of Parent/Guardian	Relationship to Child	date
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Please list any additional authorized individuals on the back of this sheet and initial.

Family Support Roles

The Westminster Cooperative Preschool depends on our member families to maintain our school environment and to support and enrich the learning experience. The list of family support roles for our preschool is attached.

To help us make the most of the unique talents, interests and experiences of our member families, please rank the top 5 ways you would like to help our school. (Put a 1 next to your top choice, 2 next to your second choice and so on.) We will make every effort to match you with one of your top choices.

Please return this form to the school by April 30th. You may email it to: westminstercoop@gmail.com, bring it to school or mail it to: Westminster Cooperative Preschool, 533 S. Walnut, Springfield, IL, 62704.

Student's Name: _____ **Class:** _____

- | | |
|--|---|
| <p>_____ At-Home Materials</p> <p>_____ At-School Materials</p> <p>_____ Book Log Assistant</p> <p>_____ Bulletin Board Assistant</p> <p>_____ Dramatic Play</p> <p>_____ Enrichment-</p> <p>_____ Please list your area(s) of interest:</p> <p>_____</p> <p>_____</p> | <p>_____ Health & Wellness Coordinator</p> <p>_____ Pet Care</p> <p>_____ Photographer</p> <p>_____ Website Assistant</p> <p>_____ Writing & Art Center Assistant</p> <p>_____ Fundraising Committee</p> <p>_____ Marketing Committee</p> <p>_____ Special Events Committee</p> |
|--|---|

If you have particular experience or qualifications (such as having held a particular job previously that you would like to continue) or any information or comments you would like to share, please write them below:

_____ I am interested in learning more about being a **regular classroom assistant**.

This position would be in addition to my assigned support role. Classroom assistants work in the classroom one day each week and receive a tuition discount. Assistants help set up before class, work with the teacher to guide the children during the school day and assist with clean up after school. They are required to be at school from 8:30 – noon or noon – 3:30 on their scheduled day.

EMERGENCY MEDICAL FORM

Child's Name _____

Address _____

In case of emergency contact: (circle all that apply) **MOTHER** **FATHER** **OTHER CONTACTS**

Legal Guardian _____ Emergency # _____ **H W C**

Legal Guardian _____ Emergency # _____ **H W C**

Additional Parent Contact #s _____

Other Emergency Contacts: Please list the relationship to your child after each name.

1. _____ / _____ Ph.# _____

2. _____ / _____ Ph.# _____

3. _____ / _____ Ph.# _____

Child's Doctor _____ Ph. # _____

Location of Doctor's Practice _____

Preferred Hospital _____

Does child suffer from any health condition (such as, but not limited to, seizures, asthma, allergy [insect sting, food or peanut], diabetes, bleeding problem, heart problem, hearing or vision impairment or other ongoing health problem of which the teachers/volunteers should be aware? **NO** **YES**
(If YES, Please describe. List all allergies.) _____

Please tell us any symptoms to observe, medications to administer or other information we should know regarding the above condition.

Might the child's medical condition require emergency medical treatment? **NO** **YES**
If YES, please complete the following PROCEDURE FOR MEDICAL TREATMENT FORM.

HEALTH INFORMATION AUTHORIZATION

Westminster Cooperative Preschool will share information about the above listed allergies and chronic illnesses with staff and classroom volunteers as necessary. I give permission for Westminster Co-op Preschool to inform other parents in the program of the above listed allergies and chronic illnesses.

Parent signature _____ Date _____



MEDICAL INSURANCE INFORMATION

Insurance Company _____

Policy # _____

Group # _____

Primary Policyholder's Full Name: _____

MEDICAL INSURANCE COVERAGE AGREEMENT

I/We the undersigned, understand that Westminster Cooperative Preschool does not provide any primary medical insurance coverage for my child/children, and that I/We assume all responsibility for payment of any primary medical expenses (including but not limited to, doctors' fees, hospital charges, or any other medical or related charges) incurred by the child/children due to any injury or illness that occurs while the child/children is/are in attendance at the School, or participating in any School-sponsored activity.

Subject to the rights of third parties, I/We hereby agree to hold harmless Westminster Cooperative Preschool, including its employees, volunteers and other representatives, from any and all claims for medical expenses as described above, arising from or related to my/our child's participation in Westminster Cooperative Preschool, or any School-sponsored activity.

I/We acknowledge and agree that this Agreement shall constitute the entire understanding with respect to the subject matter hereof, and shall supersede any and all prior and contemporaneous agreement(s) and understanding(s).

I/We have read the above Agreement and fully understand the terms contained herein, and agree to abide by its terms.

I/We authorize Westminster Cooperative Preschool to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the medical charges upon receipt of the statement.

Please authorize the following individuals to review the submitted health information about your child.

- Westminster Co-op Preschool Teachers/Co-Directors
- Westminster Co-op Preschool Membership Chair
- Westminster Co-op Preschool Health Assistant

I understand that by submitting a medical or religious objection to immunizations and examinations letter, I agree to the procedures outlined in the WCP Family Handbook in regards to infectious disease outbreaks.

Signature of Parent/Guardian

Relationship to Child

date

Signature of Parent/Guardian

Relationship to Child

date

PROCEDURE FOR MEDICAL TREATMENT

Child's Name: _____ Date of Birth: _____

Address: _____

Medical condition(s) of concern: _____

Signs and/or symptom(s) to watch for: _____

Medications: _____ Dose: _____

How given: _____ When given: _____

Possible side effects: _____

Temporary program adaptations: _____

When to call parent/health care provider regarding symptoms or failure to respond to treatment:

When to consider that the condition requires urgent care or reassessment:

Health Care Provider: _____ Phone: _____

Address: _____ Date of Exam: _____

Parent or Guardian signature indicates permission for Westminster Cooperative Preschool, its' Membership Chair, and Health and Wellness Coordinator to review and follow these instructions:

(Parent Signature)

(Date)

PICTURE AND FIELD TRIP PERMISSION FORM

Child's Name: _____

I give permission for pictures/films to be taken of my child at Westminster Cooperative Preschool or on field trips in the event that a local newspaper, other publication, or television station would do a feature or otherwise advertise the Co-op using these pictures.

Signature of parent/guardian

date

I give permission for my child to attend field trips arranged by the preschool.

Signature of parent/guardian

date

I/we will drive children (other than my own) to and from occasional field trips in my/our personal vehicle(s). **NO** **YES** (if yes, please complete below.)

AUTOMOBILE INSURANCE COVERAGE

I/We carry bodily injury and property damage liability insurance on our automobile(s).
NO **YES**

Please furnish us with the name and address of the insurance company or agent who carries your automobile insurance.

Policy Number _____

Name of Insurance Company _____

Company's Address _____

Agent's Name _____

Agent's Address _____



CLASSROOM VOLUNTEER FORM

Student Name _____

Please complete this form along with a complete set of the Authorization for Background Check forms for each family representative (i.e., parent, grandparent, etc.) who will be acting as a volunteer in the classroom.

In accordance with **IDCFS Section 407.150**, effective March 22, 2010:

a) Early childhood assistants shall meet the requirements of Section 407.100, (General Requirements for Personnel) with the exception of subsection (b).

Section 407.100, Subsection (a)

Staff shall be able to demonstrate the skill and competence necessary to contribute to each child's physical, intellectual, personal, emotional, and social development. Factors contributing to the attainment of this standard include:

- 1) Emotional maturity when working with children;
- 2) Cooperation with the purposes and services of the program;
- 3) Respect for children and adults;
- 4) Flexibility, understanding and patience;
- 5) Physical and mental health that do not interfere with child care responsibilities;
- 6) Good personal hygiene;
- 7) Frequent interaction with children;
- 8) Listening skills, availability and responsiveness to children;
- 9) Sensitivity to children's socioeconomic, cultural, ethnic and religious backgrounds, and individual needs and capabilities;
- 10) Use of positive discipline and guidance techniques; and
- 11) Ability to provide an environment in which children can feel comfortable, relaxed, happy and involved in play, recreation and other activities.
 - a. Early childhood assistants shall have a high school diploma or equivalency certificate (GED).
 - b. Early childhood assistants shall work under the direct supervision of an early childhood teacher or school-age worker and shall not assume full responsibility for a group of children, except as allowed by Section 407.190(e)(2).

Volunteer's name _____

Home address _____

I have a high school diploma or (GED). YES NO

I have current CPR certification YES NO First Aid certification YES NO

Please specify any other special training _____

FAMILY CONTRACT

As a member of Westminster Cooperative Preschool, I agree to work collaboratively with other member families and the classroom teachers to create a positive early learning experience for all children and families in our program.

I agree to:

1. Read the Family Handbook and follow all program policies and procedures.
2. Fulfill the responsibilities of my assigned support role.
3. Bring any questions or concerns to the attention of the board so they can be addressed in a timely and constructive manner.
4. Respect each family's right to confidentiality. Let the teacher know if something occurs during the school day that you feel should be shared with a child's family. It is the teacher's responsibility to communicate concerns to the families.
5. Model patience, cooperation and understanding as we work together to help the children learn and grow.

Name

Date

Name

Date



533 S. Walnut, Springfield, IL 62704
217-522-4415
www.westminster-preschool.org

All potential Working Members must complete a copy of this form and the attached Illinois Department of Children and Family Services Form CFS 689: Authorization for Background Check.

By signing below I authorize the Westminster Cooperative Preschool Board to:

- 1) Submit my completed Form CFS 689 to the Illinois Department of Children and Family Services (DCFS) for that agency to conduct a search of the Child Abuse and Neglect Tracking System (CANTS), and
- 2) Use the information I provide on Form CFS 689 to conduct a search of the Illinois State Police Sex Offender Registry. This search will occur *prior* to the submittal of Form CFS 689 to DCFS.

I understand that my Family Unit will be denied Advisory Committee membership and enrollment at Westminster Cooperative Preschool if I appear on either database.

Child's Name _____

Adult's Name (print) _____

I live in _____ **County.**

Signature _____ **Date** _____