

The Kids Place  
A Child Development Center  
901 Grant Ave  
La Salle, IL 61301

**CHILD ENROLLMENT FORMS**  
General information

Child's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Religion: \_\_\_\_\_ Race: \_\_\_\_\_  
Birth Date: \_\_\_/\_\_\_/\_\_\_ Present Age: \_\_\_ Language: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Mother's Full Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_  
**Name of Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Work Hours:** \_\_\_\_\_ **Driver's License #** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Name of Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Work Hours:** \_\_\_\_\_ **Driver's License #** \_\_\_\_\_

**Continuing Education**

**Name of School** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**City:** \_\_\_\_\_

Please attach school schedule with enrollment forms.

Parents are Married \_\_\_ Living Together \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single \_\_\_

Parent/Guardian with legal custody: \_\_\_\_\_

Do we have custody papers on file? Yes \_\_\_ No \_\_\_

Name and Ages of other children in the home:

\_\_\_\_\_

CONSENT FORM

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date: \_\_\_\_\_

Is immunization up to date? Yes \_\_\_ No \_\_\_

Allergies: \_\_\_\_\_ What kind? \_\_\_\_\_

Medications: \_\_\_\_\_

Other remarks concerning emergency treatment? \_\_\_\_\_

**This authorizes the director and/or staff members of The Kids' Place to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of the emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Hospital: \_\_\_\_\_ Address: \_\_\_\_\_

May we call another physician if unable to contact the above? \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Emergency Contact**

The following people are authorized to pick up my child and may be contacted in an emergency or illness in the event I cannot be reached. Please list persons within a 20 mile radius.

1. Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

**ADMINISTRATION OF PRESCRIPTION AND OVER THE COUNTER MEDICINE**

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

I/we authorize The Kids' Place staff members to administer medication to my child as specified in the written instructions.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**CHILD PICK UP LIST**

(Those authorized to pick up your child must be at 18 and have a valid driver's License or state ID, Please list at least three people responsible for pick-up)

I/we authorize

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Comments: \_\_\_\_\_

Parent Initial \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Comments: \_\_\_\_\_

Parent Initial \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Comments: \_\_\_\_\_

Parent Initial \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Comments: \_\_\_\_\_

Parent Initial \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Comments: \_\_\_\_\_

Parent Initial \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Comments: \_\_\_\_\_

Parent Initial \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Comments: \_\_\_\_\_

Parent Initial \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Comments: \_\_\_\_\_

Parent Initial \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Comments: \_\_\_\_\_

Parent Initial \_\_\_\_\_ Date: \_\_\_\_\_

Trips, Excursions, Public Park Activities

I/we authorize The Kids' Place staff members to take my/our child on walking trips, special excursions, and to nearby 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 the Department of Children and Family Services Standards for Licensure.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

**Photography/Videotaping**

I/we authorize The Kids' Place to use photograph/videotape of my/our child for the following purposes only: promotional materials for pamphlets, newspaper articles, United Way, teaching material for students and educators to advance the child care profession.

Permission is granted \_\_\_\_ Yes \_\_\_\_ No

I understand that if my/our permission is not given my/our child will not be denied care.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

**How did you hear about The Kids' Place? (please circle one)**

Brochure/Flyer      Website/Internet      Referral Service (name) \_\_\_\_\_

Sign      Phonebook      Family/relative/friend (name) \_\_\_\_\_

Other \_\_\_\_\_

(H.)

## Enrollment Questionnaire

### Family Traditions

1. Are there any special traditions, celebrations, or songs that are especially important to your family and your child?
2. How would you like us to support your child's heritage and cultural identity at school?
3. How can we learn more about your heritage and culture?
4. Would you be willing to share something about your culture in the classroom?

### About Your Child

1. What foods does your child especially like? \_\_\_\_\_
2. Especially dislike? \_\_\_\_\_
3. Favorite toys, games, activities? \_\_\_\_\_
4. Is your child potty trained? \_\_\_\_\_
5. What words does your child use for toileting? \_\_\_\_\_
6. How does your child express anger? \_\_\_\_\_
7. Does your child have any special FEARS? \_\_\_\_\_  
Explain \_\_\_\_\_
8. When your child is upset, what helps to COMFORT him/her?  
\_\_\_\_\_
9. How do you DISCIPLINE your child? \_\_\_\_\_
10. What problem does your child have that concerns you the most?  
\_\_\_\_\_
11. What is your child's attitude towards him/herself? \_\_\_\_\_
12. What do you feel are your child's special abilities and capabilities?  
\_\_\_\_\_
13. Has your child been taking an afternoon nap? \_\_\_\_\_ If so, how long? \_\_\_\_\_
14. Special toys or blanket for nap? \_\_\_\_\_
15. Special FAMILY situations? (such as custody, specific concerns, problems arising from situations, etc.)  
\_\_\_\_\_
16. Anticipated adjustment problems? \_\_\_\_\_
17. Any disorders/developmental diagnosed or suspected?  
\_\_\_\_\_
18. Hearing or vision Loss or concerns? \_\_\_\_\_
19. Expectations of The Kids' Place:  
\_\_\_\_\_

Health History

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

Date of Last Physical: \_\_\_\_\_

Illnesses (please circle)

1. Does your child have any problems with any of these?

Constipation Convulsions Diarrhea Fainting Spells Frequent Colds Frequent Ear Infections

Frequent Sore Throats Lice Ringworm Skin Rash Stomach Upsets Urinary Problems

2. Has your child had any of these diseases?

Asthma Bronchitis Chicken Pox Diabetes Heart Disease Impetigo Scarlet Fever

3. Other ILLNESSES (besides above) \_\_\_\_\_

4. Has your child been hospitalized? (explain) \_\_\_\_\_

5. Has your child had injuries with fractures or loss of consciousness? (explain) \_\_\_\_\_

6. Last vision test date: \_\_\_\_\_ Last hearing test date: \_\_\_\_\_

7. Last Dentist visit date: \_\_\_\_\_

AGREEMENT BETWEEN PARENTS AND THE KIDS PLACE REGARDING POLICIES

Please initial next to each item.

- I/we agree to keep all contact information up to date and current.
- I/we understand that a complete physical, TB, Lead screening and an up to date immunization record must be on file.
- I/we understand that we need a copy of our child's birth certificate on file prior to start date.
- I/we understand that the registration/activity fee is non-refundable and is due upon enrollment and every September after that.
- I/we have read the Parent handbook.
- I/we understand the pick-up policy for anyone other than parents.
- I/we understand that snack will be served in the afternoon, breakfast and a hot meal will be served at lunch. I/we understand that a food program report is due upon enrollment and every July after that.
- I/we understand The Kids' Place will supply meals to help meet my/our child's daily nutritional needs.
- I/we agree not to send my child to school if he or she has a temperature or appears sick. I/we understand that The Kids' Place may require me/us to bring my/our child home if he/she is ill.
- I/we agree to allow my child to be observed in a group for diagnostic purposes. This information will remain confidential.
- I/we agree with the guidance and discipline management policy found in the Parent Handbook.
- I/we understand that tuition payments are due prior to services. No records can be transferred until child care charges are paid in full.
- I/we agree that if anything has happened in the home that might upset the child in day care; I/we will let the teacher know. (New baby, accident, changes in home atmosphere, new medication, etc.)
- I/we agree not to allow my child to bring any food, money, or toys unless the teacher requests any of these items.
- I/we understand that we must notify the office by 9:00 am when my/our child is absence.
- I/we will notify the office when child will be off or on vacation.