MI ESCUELA CLUB

Enrollment Forms

- [ ] Copy of Birth Certificate
- [ ] Health form
- [ ] Contract
- [ ] Enrollment Form
- [ ] Permission to photograph
- [ ] Interim Protocol/Waiver signature
- [ ] Registration Fee

6429 W. North Ave. Oak Park Illinois 60302 (708) 277-5888 learningoak@gmail.com

MI ESCUELA CLUB

2021-2022 **CONTRACT**

MI ESCUELA CLUB

Child Name: _____

Session 1 Sept. 13th-Dec. 17th
Session 2 Jan. 13th –May 26th

Please check # of days ☐ 2 days $60 ☐ 3 days- $90 ☐ 4 days $120 ☐ 5 days $150

Please check days of the week

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Registration fee $50 per family

Beginning date

September 9/13th – 10/1st Monthly Tuition	2 days $180.	3 days $270	4 days $360	5 days: $450
October 10/4th-10/29th Monthly Tuition	2 days $240	3 days $360	4 days $480	5 days: $600
November 11th/1st-11/19th Monthly Tuition	2 days $180	3 days $270	4 days $360	5 days: $450
Mi Escuela Club will be closed 11/22nd-26th				
December 11/29th-12/17th Monthly Tuition	2 days $180	3 days $270	4 days $360	5 days: $450

Times you plan to drop your child off _____

Times you plan to pick up your child _____

Payment Schedule

☐ I prefer to pay biweekly by Friday before the week begins for my child

☐ I prefer to pay monthly by Friday before the week begins for my child

Any added time before or after those times will be discussed beforehand, or will be subject to late pickup fees.
The full monthly/weekly rate is due whether or not your child is absent.

(The expenses to maintain services for your child remain constant even if the child is absent)

- Mi Escuela Club will be closed for Spring Break and Winter Break (no charge)
- Sibling discount: 10% off second child enrolled for 4-5 days per week; 15% off second and third child enrolled for 4-5 days per week

THIS AGREEMENT WHOLLY STATES THE OBLIGATIONS OF THE PROVIDER; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BR IN WRITING AND SIGNED BY BOTH PARTIES.

Maria Nicosia _____

Director signature **Print name** **Date**

_____ _____ _____

Parent/guardian **Print name** **Date**

_____ _____ _____

Parent/guardian **Print name** **Date**

BOTH PARENTS MUST SIGN OR PARENT/GAURDIAN WITH SOLE CUSTODY OF THE CHILD:

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MI ESCUELA CLUB

ENROLLMENT FORM

Date_____

Child's name Age_____

Child's Birthday

Nickname

Address

Mom's name

Home address

Home Phone E mail address

Work Phone Cell Phone

Place of employment

Working hours

Dad's name

Home address

Home Phone E mail address

Work Phone Cell Phone

Place of employment

Working Hours

Other persons to notify if mom and/or dad can't be reached

Emergency Contact Person #1 name

Contact's phone Relationship

Address

Emergency Contact Person #2 name

Contact's phone Relationship

Address

Physician to call if your child becomes ill or injured

Doctor's name Doctor's phone number

Child's health record:

Does your child have any known allergies?

Does your child have any medical conditions which we should be aware of?

Does your child have any speech, hearing or visual problems?

Are they any restrictions to participate during play?

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MI ESCUELA CLUB

About your child

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

What is your normal method of discipline?

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.

Are there any food restrictions?

Are there any siblings? Please name them and specify ages and gender.

Name		age		gender	
Name		age		gender	
Name		age		gender	

What language(s) are spoken at home?

What are your child's favorite activities, toys, books, or games?

Does your child enjoy art activities?

Does your child enjoy sensory activities? (dough, water, sand)

Can your child read?

Can your child spell?

Can your child write?

Is there anything else we need to know to better care for your child?

All Information shall be regarded and handled confidentially

Parent signature	Print name	Date
Parent signature	Print name	Date

Director's signature	Maria Nicosia Name	Date

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MI ESCUELA CLUB

MI ESCUELA CLUB

PERMISSION TO PHOTOGRAPH/VIDEO

I give permission for my child _____
to be photographed/videotaped in scheduled preschool activities.
Such photographs may be used by the center to share with you, the parent, and/or for center publicity.

- Use and share in the classroom ☐ Granted ☐ Declined

- Use for center promotion including Web site – Facebook Page (Children identity will not be shared) ☐ Granted ☐ Declined

_____ _____
Parent or Guardian's Signature Date

_____
Print name

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State of Illinois
Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES
CFS 600
Rev 11/2013

Illinois Department of DCFS Children & Family Services

Student's Name Last First Middle	Birth Date Month/Day/Year	Sex	Race/Ethnicity	School /Grade Level/ID#
Address Street City Zip Code	Parent/Guardian Telephone # Home Work			

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for *every* dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

Vaccine / Dose	1 MO DA YR	2 MO DA YR	3 MO DA YR	4 MO DA YR	5 MO DA YR	6 MO DA YR
DTP or **DTaP**						
Tdap; **Td** or Pediatric **DT (**Check specific type)	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophilus influenza type b						
Hepatitis B (HB)						
Varicella (Chickenpox)				COMMENTS:		
MMR Combined Measles Mumps. Rubella						
Single Antigen Vaccines	**Measles**	**Rubella**	**Mumps**			
Pneumococcal Conjugate						
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza						

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

Signature **Title** **Date**

Signature **Title** **Date**

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

***MEASLES (Rubeola)** MO DA YR **MUMPS** MO DA YR **VARICELLA** MO DA YR **Physician's Signature**

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease **Signature** **Title** **Date**

3. Laboratory confirmation (check one) ☐**Measles** ☐**Mumps** ☐**Rubella** ☐**Hepatitis B** ☐**Varicella**
Lab Results **Date** MO DA YR **(Attach copy of lab result)**

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN

																					Code:
Date																					
Age/ Grade																					**P = Pass** **F = Fail**
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	**U = Unable to test** **R = Referred**
Vision																					**G/C = Glasses/Contacts**
Hearing																					

Student's Name (Last / First / Middle)	Birth Date (Month/Day/ Year)	Sex	School	Grade Level/ ID #

HEALTH HISTORY **TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

ALLERGIES (Food, drug, insect, other)			**MEDICATION (**List all prescribed or taken on a regular basis.)		
Diagnosis of asthma? Child wakes during the night	Yes No Yes No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	
Birth defects?	Yes No		Hospitalizations? When? What for?	Yes No	
Developmental delay?	Yes No				
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No		Surgery? (List all.) When? What for?	Yes No	
Diabetes?	Yes No		Serious injury or illness?	Yes No	
Head injury/Concussion/Passed out?	Yes No		TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.
Seizures? What are they like?	Yes No		TB disease (past or present)?	Yes* No	
Heart problem/Shortness of breath?	Yes No		Tobacco use (type, frequency)?	Yes No	
Heart murmur/High blood pressure?	Yes No		Alcohol/Drug use?	Yes No	
Dizziness or chest pain with exercise?	Yes No		Family history of sudden death before age 50? (Cause?)	Yes No	
Eye/Vision problems? _____ Glasses ☐ Contacts ☐ Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Dental ☐ Braces ☐ Bridge ☐ Plate Other		
Ear/Hearing problems?	Yes No		Information may be shared with appropriate personnel for health and educational purposes. **Parent/Guardian Signature** **Date**		
Bone/Joint problem/injury/scoliosis?	Yes No				

PHYSICAL EXAMINATION REQUIREMENTS **Entire section below to be completed by MD/DO/APN/PA**

HEAD CIRCUMFERENCE **HEIGHT** **WEIGHT** **BMI** **B/P**

DIABETES SCREENING **(NOT REQUIRED FOR DAY CARE)** **BMI>85% age/sex** Yes☐ No☐ And any two of the following: **Family History** Yes ☐ No ☐ **Ethnic Minority** Yes☐ No ☐ **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes☐ No ☐ **At Risk** Yes ☐ No ☐

LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten.
Questionnaire Administered ? Yes ☐ No ☐ **Blood Test Indicated?** Yes ☐ No ☐ **Blood Test Date** (Blood test required if resides in Chicago.)

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. **No test needed ☐** **Test performed ☐**
Skin Test: Date Read / / Result: Positive ☐ Negative ☐ mm _____
Blood Test: Date Reported / / Result: Positive ☐ Negative ☐ Value _____

LAB TESTS (Recommended)	Date	Results		Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)		
Urinalysis			Developmental Screening Tool		

SYSTEM REVIEW	**Normal**	**Comments/Follow-up/Needs**		**Normal**	**Comments/Follow-up/Needs**
Skin			**Endocrine**		
Ears			**Gastrointestinal**		
Eyes		Amblyopia Yes☐ No☐	**Genito-Urinary**		LMP
Nose			**Neurological**		
Throat			**Musculoskeletal**		
Mouth/Dental			**Spinal Exam**		
Cardiovascular/HTN			**Nutritional status**		
Respiratory		☐ Diagnosis of Asthma	**Mental Health**		
Currently Prescribed Asthma Medication: ☐ Quick-relief medication (e.g.Short Acting Beta Antagonist) ☐ Controller medication (e.g. inhaled corticosteroid)			**Other**		

NEEDS/MODIFICATIONS required in the school setting

DIETARY Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?

If you would like to discuss this student's health with school or school health personnel, check title: ☐ Nurse ☐ Teacher ☐ Counselor ☐ Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g. ,seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?

Yes ☐ No ☐ If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in (If No or Modified,please attach explanation.)
PHYSICAL EDUCATION Yes ☐ No ☐ Modified ☐ **INTERSCHOLASTIC SPORTS** (for one year) **Yes ☐ No ☐ Limited ☐**

Print Name (MD,DO, APN, PA) **Signature** **Date**

Address **Phone**

(Complete both sides)

MI ESCUELA CLUB

Interim Protocol

6429 W. North Ave.
Oak Park, IL 60302
www.learningoak.com
Revised July 2021

This Interim Protocol is intended to identify potential operational risks; it specifies ways to reduce or eliminate the risks and establishes procedures to be followed by staff in an emergency or crisis.
Mi Escuela Club reserves the right to revise its policies, practices, and standards as deemed appropriate by the Director. Staff members and Parents will be notified of updates to the Interim Protocol as they occur.

INTERIM COVID-19 PROTOCOL

These are our everyday preventive actions to prevent the spread of respiratory illness.

- Wash hands often with soap and water. If soap and water are not readily available, we use an alcohol-based hand sanitizer with at least 70% alcohol.
- Always wash hands with soap and water if hands are visibly dirty.
- Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.
- Clean and disinfect frequently touched surfaces.
- Cover cough and sneezes.
- Cover mouth and nose with a cloth face covering when you have to go out in public.

Prevent the Spread of COVID-19

- Implement **SOCIAL DISTANCING STRATEGIES**
- Modify **DROP OFF AND PICK UP PROCEDURES**
- Implement **SCREENING PROCEDURES AT ARRIVAL**
- Intensify **CLEANING AND DISINFECTION EFFORTS**
- **What If COVID-19 is confirmed in a child or staff member**

I.SOCIAL DISTANCING STRATEGIES

- We will discourage hugging, sitting on laps, etc.
- We will limit direct contact with parents as much as possible.
- No visitors will be allowed in the classroom.
- Tour for prospective parents will be held after school or on days classes do not meet.

II. PARENT DROP OFF AND PICK UP PROCEDURES

- Parents will wait their turn by keeping a safe social distance while children are welcome and screen one by one as they enter the facility.

- Upon their arrival, please stand at least 6 feet away from the parents.
- Staff will wear personal, protective equipment (PPE) to greet you at the door
- Staff will limit direct contact with parents as much as possible.
- Staff will greet children at the door.
- Parents can walk their children up to the entryway only.
- Parents will not be allowed to enter the facility, under any circumstance.
- Sign in and out will be done by the staff to prevent cross-contamination through pens and paper.

III.SCREENING PROCEDURES AT ARRIVAL

We need to work together and take care of each other.

Please notify us if you or someone living in your household is sick or display COVID-19 related symptoms or you have been in contact with someone with COVID-19 in the last 14 days

We will exclude children, staff, parents, and guardians from sites if:

Staff and children who have a fever of 100.4^0 (38.0^{0}C) or above or other signs of illness should not be admitted to the facility.

We encourage parents to be on the alert for signs of illness in their children and to keep them home when they or a family member living in the same household are sick.

Children showing cold or flu-like symptoms like coughing, runny noses, sneezing, or above-normal temperatures are not permitted into the program. No exceptions. We can't possibly know if symptoms displayed are due to allergies, asthma-related, or something else.

To ensure safety, staff will screen each child before they enter the facility each day. This will include taking the child's temperature and reviewing a basic health screen with each caregiver dropping off the child. If during the program, a child begins showing flu or cold-like symptoms (keep in mind, this will be as much of sneeze, watery nose or cough), staff will escort that child to a designated comfortable and visible space until a caregiver can be notified and picks up the child.

Staff will screen children upon arrival

- Please allow time for drop off, since it is going to be more involved than usual.
- It is recommended that all staff wear coverings while providing care if necessary
- Adults doing drop-off and pick-up are also encouraged to wear cloth face coverings even if they are vaccinated, since children are not.
- We ask parents/guardians to take their child's temperature before coming to the facility
- Staff will make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Staff will take your child's temperature
- We will use a non-contact or temporal thermometers (we will wipe thermometer between each child.)
    - Hand Sanitizer will be set up at the entrance of the facility so that children can clean their hands before they enter.
    - Children will remove their shoes in the hallway, get hand sanitizer, and proceed to their lockers to find their inside shoes.
    - Children will go wash their hands with soap and water.

IV. CLEANING AND DISINFECTION

We will Intensify cleaning and disinfection efforts:

- We will routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially materials and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures.
- Cleaning products will not be used near children, and staff will ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.
- Classroom and materials will be sanitized daily

Clean and Sanitize Toys

- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions will be set aside until they are cleaned and sanitized by hand by a person wearing gloves.
- We will not share toys with other groups unless they are washed and sanitized before being moved from one group to the other.
- We will set aside materials that need to be cleaned.
- Children's books, like other paper-based materials such as mail or envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures.

Healthy Hand Hygiene Behavior

- All children, staff, and volunteers will continuously engage in hand hygiene at the following times:
    - Arrival to the facility and after breaks
    - Before and after preparing food or drinks
    - Before and after eating or handling food

    - Before and after administering medication or medical ointment
    - After using the toilet
    - After coming in contact with bodily fluid
    - After playing outdoors, playroom or with sensory materials
    - After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 70% alcohol can be used if soap and water are not readily available.

F CHILDREN OR STAFF BECOME SICK

- As usual, we established procedures to ensure children and staff that come to the child care center sick or become sick while at your facility are sent home as soon as possible.
- We will keep sick children and staff separate from well children and staff until they can be sent home.
- Sick staff members should not return to work until they have met the criteria to discontinue home isolation.
- If a sick child has been isolated in your facility, we will clean and disinfect surfaces in the area after the sick child has gone home.

V. IF COVID-19 IS CONFIRMED IN A CHILD OR STAFF MEMBER

- Mi Escuela Club will close to allow enough time to clean and disinfect all areas used by the staff/child that is sick, such as offices, bathrooms, playroom, outdoor area, classroom, and common areas.
- We will wait up to 24 hours or as long as possible before we clean or disinfect to allow respiratory droplets to settle.
- If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
- Staff will continue routine cleaning and disinfection.

Learning Oak

WAIVER AND RELEASE OF LIABILITY

I, _____, acknowledge that I have received a copy of Club Mi Escuela COVID protocol, and I am responsible for complying with all of the policies and procedures stated within. I understand and acknowledge that attendance to Mi Escuela Club might have risks of being exposed to COVID-19 and that my child's participation in this program may result in illness.
Learning Oak staff will actively engage in preventive measures according to our protocol to the best of their ability to prevent, protect and sanitize its facility and materials daily and practice screenings, social distancing, washing, and sanitizing practices among parents, staff, and children. I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Center for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.

2. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in Mi Escuela Club Activities.

3. I acknowledge and fully assume the risk of illness or even death related to COVID-19 arising from myself or my child being on the premises and participating in the Activities and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and my children) Learning oak, Inc, Mi Escuela Club, their owners, officers, directors, agents, employees and assigns (the "RELEASEES") from any liability related to COVID-19 which might occur as a result my being on the premises and participating in the Activities.

4. I shall indemnify, defend and hold harmless the RELEASEES from and against any claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether of in-house or outside counsel and whether or not an

action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury.

5. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted, and controlled according to the laws of the State of Illinois. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN THE ACTIVITIES.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

<u>Parents: Please sign and print your names below to release liability. Thank you!</u>

Signature _____ Printed Name _____ Relationship _____

Date _____ Cell Phone _____ Email _____

Signature _____ Printed Name _____ Relationship _____

Date _____ Cell Phone _____ Email _____