

I Am! I Can!

Registration Form

Session: _____ Date: _____ Email: _____

Registration Fee \$ _____ Child's Name: _____ Age at Registration: _____

Date of Birth: _____ Sex: _____ Marital Status (parents): _____ Home Phone: _____

Mother's Name: _____ Work Phone: _____ Hours at Work: _____

Father's Name: _____ Work Phone: _____ Hours at Work: _____

Preschool Program: Please indicate 1st & 2nd choice below (9:00 a.m. to 11:30 a.m.)

3 Preschool Days: _____ Mon, Wed, Fri _____ Mon, Tue, Thu _____ Other

2 Preschool Days: _____ Tue, Thu _____ Wed, Fri _____ Other

Full-Day Program (includes preschool) (6:00 a.m. to 6:00 p.m.)

Mon Tue Wed Thu Fri Full-Day (circle all that apply) _____ Other

Mon Tue Wed Thu Fri Before School (Kindergarten, 1st grade, 2nd grade) (circle all that apply)

Mon Tue Wed Thu Fri After School (Kindergarten, 1st grade, 2nd grade) (circle all that apply)

In case of emergency call (other than Mom & Dad):

1) Name: _____ Relationship to Child: _____
Address: _____ Phone: _____

2) Name: _____ Relationship to Child: _____
Address: _____ Phone: _____

Person other than parent to whom child may be released:

3) Name: _____ Relationship to Child: _____
Address: _____ Phone: _____

4) Name: _____ Relationship to Child: _____
Address: _____ Phone: _____

In an emergency I Am! I Can! will call 911 to transfer child for medical care if deemed necessary. By signing below I give permission for my child to be treated by the emergency room staff.

Signature (parent/guardian): _____ Date: _____

Child's Doctor: _____ Address: _____ Phone: _____

I give permission for my child to have sun block and mosquito spray applied if deemed necessary.

Signature: _____ Date: _____

Home Mailing Address: _____

Cell Phone (Mom): _____ Cell Phone (Dad): _____

Allergies/Special Needs: 1) _____ 2) _____

I Am! I Can!

Consent Form

I Am! I Can! will need your acknowledgement and/or consent for the following:

Please **initial** each statement acknowledging that you have read and understood each one.

_____ If for any reason the school takes my child on a field trip, I will be notified in advance and will have the option of signing a separate release form for each and every field trip.

Yes _____ No _____ My child may be photographed in the classroom setting and the pictures may be used for media purposes: website, advertising, Facebook, and brochures.

_____ Only answer if "No" was selected above. My child may only be photographed for pictures that will be used within the school (bulletin boards and personal files).

_____ I understand that my child may only be released to persons that are listed on my registration information and emergency card information. Also, I will submit a signed and dated note whenever anyone picks up my child that is not their parents.

_____ I understand that if my child is to take any type of medication while on the school's premises, I will need to sign a form authorizing teachers to administer the medicine.

_____ I Am! I Can! often works with school districts involving the children at I Am! I Can! I give permission for I Am! I Can! to release personal and developmental information on my child if deemed necessary to help my child. The school district that your child will be attending will be responsible for getting to us a release form allowing us to disclose any information; this will need to be signed by yourself and also the teachers involved with your child.

_____ If my child becomes ill while attending I Am! I Can!, I will be phoned to pick up my child as soon as possible or send someone on the emergency card to pick up my child. Children that have run a fever will need to be fever free for 24 hours before returning to school.

_____ I am aware that an inherent risk of exposure to COVID-19 exists in any place people are present. COVID-19 is a contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and people with underlying medical conditions are especially vulnerable.

I Am! I Can!

Handbook / Risk Management / Safety Drills Acknowledgment

- I have been informed that the I Am! I Can! handbook is online at <https://iamican.info>. I have access to the internet and will read the handbook online. If I have any questions I will contact the Director. Otherwise, I will follow the policies and procedures.
- I have been informed that the I Am! I Can! Risk Management Plan is on the <https://iamican.info> website. I have access to the internet and will read the plan online.
- I have received a copy of the safety drills my child will be practicing.

Signature: _____ Date: _____

Child's Name: _____

Brothers and sisters of child:

Date of birth:

Name: _____

Name: _____

Name: _____

Please list any other relatives living in the same home as child attending: _____

Parents Marital Status _____ If single, will 2 sets of information be needed? _____

How will the second set be obtained by the other parent? _____

SPEECH DEVELOPMENT

Does your child have any speech problems? _____

HEALTH HISTORY

Does your child have any allergies? _____ If so, to what? _____

Asthma _____ Hives _____ Vegetarian _____

Eating problems: _____

PHYSICAL DEVELOPMENT

List any particular difficulties/developmental lags/premature birth/special concerns: _____

Does your child favor his/her right or left hand? _____

SOCIAL & EMOTIONAL DEVELOPMENT

What are your child's favorite play activities? _____

Characterize your child's interactions with siblings and/or peers: _____

What are your child's greatest strengths? _____

Are there any aspects of your child's social and emotional development that are of concern to you?

GENERAL INFORMATION

What traditions do you celebrate in your home? _____

Which holidays are celebrated in your home? _____

Do you speak a second language? _____ If so, which: _____

What discipline methods do you use? Examples: time out, counting, etc. _____

What would you most like us to know about your child? _____

What do you most want your child to learn in our program? _____

Comments: _____

Children may be terminated from the program for the following reasons:

Nonpayment of tuition: Two weeks delinquency will result in termination following written notice.

Developmental or serious behavioral issues: If a child demonstrates behaviors that cause undue burden to the classroom, damage to school property, injury to oneself, physical harm to another child or staff member, or if behavior is beyond the scope of what can adequately be met by the staff at I Am! I Can!, termination will result. The staff at I Am! I Can! will do everything possible to assist with appropriate resources to ensure that the child is placed in a more appropriate program.

Process for Termination:

If any of the aforementioned behavioral issues result, the staff will 1) Document the incident or behavior in writing for parent(s) (parent will sign and acknowledge documentation) 2) Discuss positive strategies with parent(s). 3) Provide parent(s) with the telephone numbers for professional services. If after three written notices have been given to the parent, and there has been no significant change in the child's behavior, such child will be dismissed from the program and no refund will be made. If the severity of the child's behavior puts a staff member or another child at risk for significant injury, termination will be immediate.

In all instances, when our facility decides that is in the best interest of the child to terminate enrollment, the child and parent's needs shall be considered by planning with the parents to meet the child's needs when he or she leaves the facility, including referrals to other agencies or facilities.

Discipline will be implemented as follows:

All children will be respected.

We will try to anticipate unacceptable behavior and attempt to avoid problems before they occur.

We will change activities if children appear to be getting out of control.

Limits and consequences shall be clear and understandable to the child, consistently enforced and explained to the child before and as part of any disciplinary action.

Discipline shall be developmentally appropriate and logically related to the child's act and shall not be out of proportion to the particular inappropriate behavior. The child shall be made aware of the relationship between the act and the consequences.

If all else fails, we will give the child a (few minutes) time out to try to get the child calm and re-directed.

Removal from the group to the office will be used if a child is disrupting the classroom or placing the other children or staff in danger. Also, parent(s) will be called and notified of the disruptive behavior. This will be done for the safety of the child and others and used to help the child gain his/her self-control. When the child has regained self-control, they will return to their classroom. If a child is not able to regain self-control, the Director will notify the parent(s) that their child will need to be immediately picked up.

Signature: _____ Date: _____

Child's Name (please print): _____

State of Illinois

Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

Please follow the link below, review the summary of licensing standards, and sign below.

https://www2.illinois.gov/dcms/aboutus/notices/documents/cfs_1050-52_summary_for_dcc.pdf

I/WE, _____

Please Print Name(s)

Parent(s) of _____, hereby certify that I/we have

Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.



State of Illinois Certificate of Child Health Examination

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

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for *every* dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps, Rubella										Comments: * indicates invalid dose								
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																		
Hepatitis A																		
HPV																		
Influenza																		
Other: Specify Immunization Administered/Dates																		

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 (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
 *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies 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

3. Laboratory Evidence of Immunity (check one) Measles* Mumps** Rubella Varicella Attach copy of lab result.
 *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
 **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
 Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

Last	First	Middle	Birth Date	Sex	School	Grade Level/ ID
			Month/Day/ Year			

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

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

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

HEAD CIRCUMFERENCE if < 2-3 years old HEIGHT WEIGHT BMI BMI PERCENTILE 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. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes No Blood Test Indicated? Yes No Blood Test Date Result

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. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.

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		Screening Result:	Gastrointestinal	
Eyes		Screening Result:	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> 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** Yes No Modified

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

Address Phone

___ Registration Form

___ Termination Agreement

___ Verification of Receipt (DCFS)

___ Consent Form

___ Tuition Policy

___ Handbook/Risk Mgmt/Safety Drills

Please bring the following completed forms on your child's first day

___ Physical

___ Emergency Card

___ 1st Payment

___ Copy of Birth Certificate

___ Social History

If applicable:

___ Allergy/Special Needs Form ___ Arrival & Departure Form (bus)

- ✓ All children should have an extra set of clothes in their school bag. All day children should have a small blanket and if they choose a small soft stuffed toy that will stay at school. Please bring them home at the end of the week to wash.
- ✓ Sign in and sign out directions: 1) Please sign, date, print your child's name, and document the time on the sign in sheet at your child's classroom where your child's basket is located. 2) Upon picking up your child, you must sign out on the same line and clipboard as they were signed in on. 3) Please notify anyone else dropping off or picking up your child about this policy.

Facebook Page

Did you know that we have a Facebook page? We continually post pictures of the children working on their projects or doing large motor activities. So, if you haven't liked our page yet, please do so! We hope that you will enjoy seeing the children at work and play as much as we enjoy being part of their day!

P.S. Search: I Am! I Can! Preschool & Daycare Center

The safety of your child and all children in our school, as well as the safety of the staff, is our highest priority. In order to maintain a safe environment for our children, it is necessary that we practice our emergency and crisis response plans by having drills designed to rehearse our procedures.

We want to share the five safety drills your students will participate in as part of our comprehensive safety plan. The goal of practicing the drills is to help our young children feel safe at school and to know what to do should an emergency arise. Young children need brief, simple information that should be balanced with reassurances that their school and homes are safe and that adults are there to protect them. High profile acts of violence, particularly in schools, can confuse and frighten children who may feel in danger or worry that their friends or loved-ones are at risk. They will look to adults for information and guidance on how to react. Parents and school personnel can help children feel safe by establishing a sense of normalcy and security and talking to them about their fears. We are sharing this information with you so you may discuss the drills with your young children. Below is a brief description of the drills that will be practiced.

Fire & tornado: Staff and children will exit the school in a quick and in an orderly manner. This is most typically used for a fire drill. Each drill follows an exit route and children are accounted for while waiting quietly with teachers outside the building. We practice fire drills one time per month per class. No one can enter the school during an evacuation. Tornado drills are practiced three times per year and the children are taken into the basement for this drill. (We have a land line, water, snacks, porta potty, blankets, emergency radio and toys for the children downstairs).

Evacuation for an intruder with a weapon: If an evacuation occurs, children will be safely relocated to a designated location. Upon clearance from the emergency staff we would return to our center. Parents would be called by our staff and police as soon as we are cleared to return to our center.

*Our staff will be impressing upon the children that when we do lockdown drills that we will need them to follow directions and that they should be as quiet as possible. We will not be talking about a gun or a weapon (our children are very young and we do not want to scare them or make them afraid of being at school). Our goal is to let them know that we want to keep them safe in special emergencies, just like when they do fire or tornado drills.

Lockdown: Full lockdown during which all staff and children would be inside the building, classroom doors locked and window coverings closed. Emergency services would be involved. Nobody may leave their classroom and entry into the school is not permitted. Parents would be notified by a phone call as soon as emergency services give us an all clear signal.

Evacuating the Playground: Staff will get children inside the school quickly and orderly in the event that there is a potential threat outside of the school during outside play. Children will learn the signal to stop what they are doing, enter the school through the closest door and proceed to the closest safe area within the school. Parents are able to enter the school through the main electronic door.

Partial lockdown: Partial lockdown during which school activities carry on as normal practice. However, entrances and exits to the school are monitored closely and all staff are aware and on alert to be vigilant. This would happen if something was going on outside the school that we were made aware of that could possibly become a threat. Teachers would be vigilant and the children quite possibly not even know at this point that something was happening outside.

*On days that we practice lockdown drills you will receive a note in your child's basket stating which type of drill we practiced that day.

We strongly encourage you to talk to your children about what to do both at school and at home in the event of a crisis.

If you have any questions about any of our safety procedures please don't hesitate to contact us at 1-815-363-1333.

Coronavirus Precautions

I Am! I Can! Preschool & Daycare Center

- 1) If your child is exhibiting any symptoms of Covid-19 at home (fever, chills, sore throat, runny nose, cough, shortness of breath, muscle aches, headache, vomiting and diarrhea), please do not send your child to school.
- 2) Please take your child's temperature at home and do not send your child to school if they have a fever. If your child has a fever, they must remain home for 72 hours fever free with no fever reducing medication.
- 3) If your child has been in close contact (within 6 feet for greater than 15 minutes) with an individual suspected or diagnosed with Covid-19, please keep them home for 10 days and monitor them for symptoms.
- 4) If a child is diagnosed with Covid-19, he or she is not to return to the childcare facility until ALL three of the following are met:
 - a. Individual is free from fever without the use of fever-reducing medications for at least 72 hours.
 - b. Individual's symptoms, including cough, have improved.
 - c. It has been at least 10 days since the onset of the individual's illness.
- 5) If a student or staff member tests positive, the Illinois Department of Public Health (IDPH) will be notified. Each case will be handled on a case by case basis. The most likely course of action will be to notify the families who have a child who was in close contact with the individual and have them remain at home for 10 days while they are monitored for symptoms. Depending on the situation, a short-term closure of the entire school for 2 to 5 days is possible.
- 6) Drop-off Procedure: Please walk your child to the front door where you will be met by a staff member. If there is already a parent and child waiting by the front door, please wait in your car or space out 6 feet behind the student in front of you on the sidewalk until a staff member is available to assist. Your child's temperature will be taken (if the child has a fever >100.4 or any symptoms of Covid-19, they will not be allowed to enter the building). The staff member will complete the sign-in process on behalf of the parents and bring the child to his/her classroom.
- 7) Pick-up Procedure: Upon arrival, please call the office (815-363-1333) and a staff member will bring your child to the front door. Staff will complete the sign-out process on behalf of the parents.

Coronavirus Precautions (continued)

I Am! I Can! Preschool & Daycare Center

- 8) Children and staff will wear face masks while in the building (a best effort for the children). If your child already has a face mask, please send it with them. If you are unable to find a face mask, the school will provide one for your child.
- 9) Children will be required to wash their hands with soap and water throughout the day.
- 10) Cleaning and disinfecting frequently touched items will be intensified.
- 11) Class sizes have been reduced in capacity.
- 12) Teachers will reinforce healthy hygiene as is age appropriate (covering coughs/sneezes, hand washing, keeping fingers away from eyes, nose, and mouth).
- 13) Outdoor activities will be extended. The children and staff will spend as much time as possible outdoors.