



LA PETITE ÉCOLE DE CHICAGO

WWW.LPEC.US




ENROLLMENT KIT

School year 2024-2025

HYDE PARK CAMPUS

5200 S Hyde Park Blvd
Chicago, IL, 60615

LINCOLN PARK CAMPUS (OLD TOWN)

1382 N Cleveland Ave.
Chicago, IL, 60610

WINNETKA CAMPUS

620 Lincoln Ave.
Winnetka, IL, 60093

(312)-721-1166 - admissions@lpec.us



Please find in this enrollment kit the following materials:

ENROLLMENT AGREEMENT (2024-25 SCHOOL YEAR)

APPENDIX A : ILLINOIS HEALTH FORM

APPENDIX B : TUITION

APPENDIX C: SCHOOL HANDBOOK

APPENDIX D: SCHOOL CALENDAR 2024-25

For the registration to be complete and accepted, we need the enrollment agreement filled in and signed, the Illinois health form, and the first tuition payment.

Send the completed documents to admissions@lpec.us

If you have any questions regarding these documents, please feel free to contact us at any time, and we will get back to you as soon as possible.



ENROLLMENT AGREEMENT (2024-25 SCHOOL YEAR)

This Enrollment Agreement (“Agreement”), made on _____, 202__, is by and between the parent(s) or guardian(s) named below (“Parent(s)”, which term includes the singular or plural) of: _____ (“Student”) and NOTRE ÉCOLE, INC., operating under the assumed name “LA PETITE ÉCOLE DE CHICAGO” (“School”). All Parents signing this Agreement are jointly and severally liable for the tuition and fees described below. Parents’ initials or signature on this Agreement signify their understanding of an agreement to the terms of this Agreement, as follows:

ADMISSION

This Agreement is subject to final approval of the child’s admission by the School’s principal or assistant principal and the completion of the full enrollment packet prior to the first day of attendance.

The enrollment packet must be signed by the Parents and returned to the School. The Illinois School Form (APPENDIX A) must be filled out by an Illinois licensed pediatrician and submitted to the School no later than August 15th, prior to the start of the full school term or if the child is admitted later in the school year, the enrollment packet and the Illinois School Form must be submitted to the School prior to the Student’s first day of attendance. An eye exam is also recommended for the Student’s prior to the first day of attendance. Parents and their child must comply with all School admissions policies and procedures.

RENEWAL

Registration at the School is for one full school year only. Children are not guaranteed a reservation for the following school term unless Parents enter into a new Enrollment Agreement and pay all applicable tuition and fees in a timely manner. To ensure that currently enrolled families have priority for enrollment in the next term, all Enrollment Agreements will be issued to current families with a deadline to return them before new families are given a chance to sign up. Typically, this occurs in January.

In the 2024-25 school year, we will be developing a new property to host our future Lincoln Park campus. While we do this, we plan to locate our Lincoln Park staff and students at the former location of our Old Town Campus. This school ready property offers a secure location and several fully functional classrooms. This will allow Lincoln Park families to enroll their children, have them attend our program right up until our newest location is ready for a move.



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TUITION (see APPENDIX B)

Responsibility for Payments. Parents signing this Agreement are jointly and severally liable for all tuition, fees, and other costs incurred at the School. Failure to pay tuition in a timely manner exposes Parents to be liable for all of the costs of recovering such funds through collections.

Full Term Tuition. The term of enrollment is from the date of the signing through the end of the school year. Parents agree to pay tuition and fees for the entire term, subject to the early withdrawal policy set forth below. For each school year, tuition must be paid in three equal installments due as follows:

1. at registration,
2. no later than August 15th, and
3. no later than the following January 15th.

A ten percent sibling discount is applicable for families registering more than one child (from the second child on).

Partial Term Tuition. If the Student begins at the School at a time other than the beginning of the full school year, tuition is due as follows:

1. if entering the School at any time during the fall semester other than the first day of the fall semester, the first two payments described above are due before entering the School, with the third payment due as described above and
2. if the student begins at any time during the winter semester, the tuition shall be prorated and due in one payment before the first day of attendance.

EARLY WITHDRAWAL

Withdrawal of the Student from the School before the end of the school year requires at least sixty (60) days written advance notice (to permit the preparation of files for the student's school transfer). Tuition for the year begun when notification is received is non-refundable. In cases of significant hardship, families may appeal to the Academic Committee, whose decisions are discretionary and final.

PAYMENT

Payments for tuition, fees, etc., will be made electronically. For tuition payments, no other form of payment will be accepted by the School. All electronic payments must be submitted to:

La Petite École de Chicago

ABA: 071925444 Acct: 0385441

Identification of your payment should include the first initial of the Student, the first three letters of the Student's last name, the tier being paid, and the year of the start of the fall term of School.

e.g., **J.DOE 1/XX** (the first payment of 20XX-20XY year for Jane Doe)

For school trips and other participation fees, Parents may pay their fees by Venmo using the School account (**@LPEC2023**). They should then **include in the memo of their payment** the **name of the child** they are paying for and the **nature of the activity**, for example, Jane, 2nd Trimester After School.

HOLIDAYS/IN-SERVICE DAYS

Tuition and fees are calculated on an annual basis, without reduction for holidays, vacations, professional in-service days, or teacher or student absences or illness. Holidays and professional in-service days are shown on the School calendar. No credit or refund will be owed if the School must close due to an emergency or inclement



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weather. In the 2024-25 School year, if a pandemic-related emergency is declared by the governmental authorities (whether federal, state, or local) requiring that distance learning be implemented, the School will comply. In this type of situation, no refunds will be issued to families as the same staff and other indirect costs will continue to be incurred by the School to perform distance learning.

LATE PICK-UP CHARGES

Leaving a young Student at the School after regular hours causes serious issues in terms of responsibility for the staff while imposing a burdensome legal process on the staff. Also, significantly, this can result in developmental and emotional issues for the Student. If the Student is picked up three (3) times after the scheduled closing time, a \$100 late pickup fee will be assessed per additional occurrence. Late pick-up fees are payable within the five (5) open School days following the late pick-up. Failure to pay a late pick-up fee in a timely manner may result in suspension of the Student.

AGREEMENT TO SCHOOL HANDBOOK

Parents agree to the School's rules and regulations described in the School Handbook (APPENDIX C), which is hereby incorporated into this Agreement and which may be amended from time-to-time. The current version of the Handbook is included herewith but is subject to change as may be required by the school.

RESPONSIBILITY FOR DAMAGES

Parents agree to be responsible for any loss, damage, or destruction by the Student of any of the School's property and for any damages for which the School becomes liable because of the Student's actions.

SUSPENSION/DISMISSAL

The School reserves the right to suspend or dismiss the Student at its sole discretion under the following conditions:

1. for unsatisfactory or inappropriate behavior;
2. if the School does not have adequate expertise or resources for the child's educational, medical or other needs;
3. for violation(s) of School policies by the Student or Parents; or
4. if, for any reason, the School determines a dismissal to be in the best interest of the child or of the School.

Suspension or dismissal may be with or without notice at the School's sole discretion. A suspension or dismissal for any of these reasons will not entitle Parents to any refund whatsoever.

The School also reserves the right to withdraw an offer of enrollment or re-enrollment at any time and to void an executed Enrollment Agreement.



STUDENT ILLNESS/ EMERGENCY

The School endeavors to maintain a healthy and safe environment for our students, families, and staff. Parents may not bring to School a Student who is ill. Some symptoms of illness include:

a temperature of 100°F (or feeling feverish)	an eye infection such as pink eye
cough	abdominal pain, diarrhea
shortness of breath	nausea, vomiting
body aches	loss of taste or smell
headache	a congested or runny nose
rashes	

The School will notify Parent(s) if the Student becomes ill while at School. The Student will then have to be picked up as soon as possible and not return to school after twenty-four hours without symptoms and medication. Furthermore, in very severe cases, the School staff may decide to take the Student to the emergency room or call for an ambulance to assist the Student.

By signing this Agreement, the Parent(s) hereby authorize(s) the School staff to take their child to an emergency room or to allow the Student to be taken by ambulance to an emergency room. Parent(s) hereby release(s) and hold(s) the School harmless from any liability which might arise from the giving of such consent. Parents agree to reimburse the School for any medical expenditures made on Student’s behalf.

COVID-19 EXPOSURE - PRIVACY RELEASE TO IDPH

By signing this Agreement, Parents agree to report to the School any COVID-19 or flu-like symptoms in their family or any staff or others who could have been in their homes or in contact with their children, as well as anyone who has tested positive for COVID-19. In that case, the Student may be sent home for a period of two weeks (or longer if recommended by the Illinois Department of Public Health “IDPH”).

Failure to report such a situation to the School may result in dismissal from the School of all the children in that household who are students at the School. Parents also agree to allow the School to notify the IDPH so that contact tracing and other mitigation measures may be taken. A Student sent home because of symptoms or suspected exposure to COVID-19 may be required to test negative before returning to School.

VACCINATION POLICY

It is the School’s policy that all staff and students must be vaccinated against the flu and that all children must receive all the vaccines listed on the Illinois School form. Parents agree to provide the School with an Illinois School Form, duly filled out by an Illinois licensed pediatrician for each Student.

Children will be required to be vaccinated against COVID-19 if/when the Illinois Department of Public Health issues such a requirement. The School’s staff is vaccinated against COVID-19, except where documented medical contra-indications exist.

STUDENT RECORDS

All student records remain the property of the School, except as provided by law. If Parent(s) permit the School to send academic records and confidential recommendations to other schools, Parents agree that they will not seek access to Student’s confidential recommendations and evaluation materials. Furthermore, Parents hereby release the School and its staff from any and all liability resulting from or pertaining to the furnishing of recommendations and records.



COST OF COLLECTION

If the School refers an account for collection, in addition to any amounts owed, Parents will pay all late fees, accrued interest, and the School's costs of collection, including but not limited to attorneys' fees.

PROTECTIVE ORDERS

If there is a legal decision preventing anyone from approaching the Student, (protective order, restraining order, etc.) it is the Parents' responsibility to provide the School with a notarized copy of the order and a photo of the person(s) mentioned in the order so that School staff can be made aware of this situation and report any violations of such orders to the Parents and to the Authorities.

AUTHORITY

Each party represents and warrants to the other that it has full power to enter into and perform its obligations under this Agreement. Parents in two-parent households agree that each is acting as an agent for the other. Modification of this agency relationship shall be in writing and delivered to the School.

GOVERNING LAW

This Agreement and the rights and obligations of the parties shall be governed by, or construed under, the laws of the State of Illinois without regard to the principles of conflicts of law.



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I (We) agree to the above terms and conditions, including the obligation to pay to the School all charges for tuition and fees and, in all events, to be responsible for the financial obligations of my child(ren).

SCHOOL YEAR: 2024-25

CAMPUS (check one): ___HYDE PARK ___WINNETKA ___LINCOLN PARK (OLD TOWN temporary location)

	Parent A	Parent B
First Name:		
Last Name:		
Address:		
Telephone: Email address:		
Relationship to the Student(s):		
Signature:		
Date: (mm/dd/yyyy)		

Student(s)	1st student	2nd student	3rd student
First Name:			
Last Name:			
DoB: (mm/dd/yyyy)			

CIRCLE A GRADE FOR EACH CHILD

Cycle 1: Preschool	PK3 PS	PK4 MS	K GS	PK3 PS	PK4 MS	K GS	PK3 PS	PK4 MS	K GS
Cycle 2: 1st half elementary	1 st CP	2 nd CE1	3 rd CE2	1 st CP	2 nd CE1	3 rd CE2	1 st CP	2 nd CE1	3 rd CE2
Cycle 3: 2nd half elementary	4 th CM1	5 th CM2	6 th 6 ^{ème}	4 th CM1	5 th CM2	6 th 6 ^{ème}	4 th CM1	5 th CM2	6 th 6 ^{ème}
Cycle 4: Middle school	7 th 5 ^{ème}	8 th 4 ^{ème}	9 th 3 ^{ème}	7 th 5 ^{ème}	8 th 4 ^{ème}	9 th 3 ^{ème}	7 th 5 ^{ème}	8 th 4 ^{ème}	9 th 3 ^{ème}
Cycle 5: High school	10 th 2 ^{nde}	11 th 1 ^{ère}	12 th T	10 th 2 ^{nde}	11 th 1 ^{ère}	12 th T	10 th 2 ^{nde}	11 th 1 ^{ère}	12 th T

Staff Approval:	
Date:	Signature:



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APPENDIX A: ILLINOIS HEALTH FORM



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	
Street	City	Zip Code			Work	

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:								
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 Month/Day/ Year	Sex	School	Grade Level/ ID
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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/ear/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
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 <input type="checkbox"/> Other	Information may be shared with appropriate personnel for health and educational purposes.	
Dizziness or chest pain with exercise?		Yes No	Parent/Guardian Signature	Date	
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)		Yes No	Bone/Joint problem/injury/scoliosis?		

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



APPENDIX B: TUITION

Tuition Rates for the 2024-25 School Year:

Cycle 1: Preschool grades (PK3, PK4, K) [Petite, Moyenne et Grande Section]	\$20,000/yr
Cycle 2: 1 st , 2 nd , 3 rd grades [CP, CE1 et CE2]	\$20,000/yr
Cycle 3: 4 th , 5 th , 6 th grades [CM1, CM2 et 6 ^{ème}]	\$20,000/yr
Cycle 4: 7 th , 8 th , 9 th grades [5 ^{ème} , 4 ^{ème} et 3 ^{ème}]	\$20,000/yr

Sibling Discount:	10% reduction applicable to siblings for the second child and on.
Supplies:	no charge
Snacks:	no charge in preschool (Cycle 1)
Summer Camp:	6 weeks are included in tuition for Cycles 1 and 2

Parents provide:

Lunch daily,
Indoor shoes,
Uniform (+1 spare in school),
Apron for art class,
Fountain pen for Cycles 2 and up,
Compass for Cycles 3 and up.

Note:

A laptop is loaned to students in secondary school. Parents are responsible in case of damage or loss.

Tuition schedule:

\$8,000 due with enrollment, \$6,000 due by Aug 15th before school starts, and \$6,000 due by Jan 15th during the school year. Students enrolling during the year are prorated.

Families may apply for needs-based scholarships each year. Contact the school for details.



APPENDIX C: SCHOOL HANDBOOK

MISSION STATEMENT

La Petite École de Chicago aims to create, in the Chicago area, a network of proximity schools offering, together, the full continuum of bilingual education in French and English, spanning from pre-kindergarten to the French Baccalauréat, at the end of secondary school. The School aims to achieve this while creating safe and readily accessible campuses where highly qualified teaching staff can enable each child to reach their full academic potential. La Petite École de Chicago will offer these enrollment opportunities at a cost that is below market to enable families with multiple children to afford the best education in Chicago, without an undue financial burden.

CURRICULUM

The primary school program will include French language and English language arts, Mathematics, French history, American history, Geography, Sciences, Art, Physical Education, and Music.

REPORT CARDS

Report Cards will be sent to parents once a year for preschool, twice a year in elementary school, and three times a year in secondary school.

Continuous reports to the parents may be sent home with a student when events of note need to be communicated. These may include updates on skills that need to be reinforced at home, behavior, as well as feedback on key homework assignments.

FRENCH EXAM

Students arriving in Primary school grades must be evaluated prior to enrollment to assess their ability to successfully integrate into our program. Children coming to us from French programs need only send their previous report cards. Pre-school is a great place to acquire French, but the primary school grades are filled with academic material of increasing difficulty.

COMMUNICATIONS

While a number is available to reach the school to notify us of a late arrival, excused absence, or of the need for an early dismissal, regular communications between teachers and guardians are exchanged in the “cahier de classe”. A guardian must sign this day planner, belonging to each student, every day so that the guardians can review assignments and any notes from the teacher.

SCHOOL DROP OFF AND PICK UP

The normal school schedule is 08:30 to 15:30 on Monday through Thursday and 08:30-14:00 on Friday. Leaving a young child at school after regular hours causes serious issues in terms of the responsibility of the staff and imposes a burdensome legal process on the staff. Also, significantly, this can result in developmental and emotional issues for the child. If a child is picked up three (3) times after the scheduled closing time, a \$100 late pickup fee will be assessed per additional occurrence. Late pick-up fees are payable within the five (5) open school days following the late pick-up. Failure to pay a late pick-up fee in a timely manner may result in suspension of the child.



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SCHOOL CALENDAR

A school calendar is published each year and provided as part of the admissions package. Each family, so as to ensure vacations are not planned on regularly scheduled school days, should consult this calendar. Attendance will be taken each day, and failure to maintain minimum attendance standards may prevent children from graduating to the next grade.

STUDENT HEALTH

All children are required to be vaccinated, per state law. These vaccines include but are not limited to Diphtheria, Polio, Tetanus, Measles, Mumps, Rubella, Hepatitis and Covid-19.

Additionally, we require that all children have a physical exam before the beginning of the school year and that the pediatrician provides a medical form to the school annually. The Illinois Health Form can be found in APPENDIX A.

Regular exams will be performed to check students for lice. Should lice be found on a student, the parents will be requested to pick up the child as soon as possible. Furthermore, treatment and a medical certificate will be required before the child returns to school.

Children (in Petite Section –PK3) may only attend school after they are completely potty trained. No diapers are allowed at school, even during naps.

In an emergency, parents will be notified at the emergency contact number provided at admission. When deemed necessary, children may be taken to the nearest emergency room. If this is the case, parents will be notified immediately of the location of this emergency room.

In case of an accident at school, staff will fill out an accident report, and a copy will be provided to the family as soon as possible.

DISCIPLINE

All students are expected to behave respectfully towards all staff and other students. Because they are children, sometimes students fail to use appropriate behavior. The teacher in charge of the student may choose to counsel the student for minor behavioral issues or to assign an appropriate consequence to the student to encourage them to learn from their mistake.

Physical outbursts by any student will always be considered serious and will be noted in the “cahier de classe,” may require a parent-teacher conference with or without the student and may result in a suspension. The school may summarily dismiss students who repeatedly use inappropriate language towards staff or other children or who use physical violence.

The Academic Committee will meet and discuss the case with the teacher. Its determinations are final and may not be appealed.



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SCHOOL ATTIRE

Students learn to respect themselves at the same time as they learn to respect others. Being neatly groomed and dressed helps them focus on the tasks they engage in during the school day. To that end, the school will provide, as part of the welcome packet, school shirts for excursions and shirts worn over their clothes in the classroom (particularly during arts and crafts that may soil their outfits).

Parents are expected to dress their children in navy blue pants and a plain white shirt without logos or printed brand names. This allows children to focus on their education and not the pursuit of attention through their attire. Students are not permitted to bring toys to school. Petite Section (PK3) students are allowed a blanket or small plush toy for nap time. Students may not wear or bring jewelry to school in any grade. Students must have two pairs of shoes. One, typically a dark sneaker, for outdoors. The other, espadrille or docker type, for indoors (with light or white soles).

In secondary school grades, the uniform is a white dress shirt (with a solid navy-blue tie for boys), a navy blazer, and grey pants. Dark shoes are required. For girls, the choice of a grey skirt or grey pants is up to the family. Secondary school students are expected to bring appropriate navy-colored sweatpants and sweatshirts to participate in gym class and may change in the designated bathrooms on campus.

All removable items of clothing or personal property should be clearly labeled. This will allow staff to assist students in recovering forgotten items.

LUNCH & SNACKS

Parents are responsible for providing lunch to their students. In case of a child allergy in the classroom, all parents will receive a warning about food and ingredients that will not be allowed at the school.

In preschool, morning snacks are provided by the school. Starting in elementary school, parents are responsible for providing morning snacks.

Chocolate, candies, and all sorts of treats are forbidden in the school for students' health's sake. Learning to eat healthy foods and make good choices is an inherent part of the French school curriculum.

WHAT TO BRING TO SCHOOL

From the first day of school, parents must provide de following items:

- A change of clothing (including every item of the uniform).
- a bottle of water.
- lunch.
- a pair of inside shoes (light-colored soles –to avoid staining the gym and other indoor spaces).
- an apron for arts and crafts.

Only for the Petites Sections (PK-3), for the nap: A stuffed animal (of reasonable size), a blanket.

Only for elementary school and older: a morning snack if necessary.

AFTER-SCHOOL

The school is offering an after-school care service of one hour each day. You can choose to register monthly or by trimester (at a discounted rate). If you want to register for the after-school care, please fill in the form in APPENDIX D and return it with your enrollment kit or hand it to your child's teacher. You can choose to register at any time.



LA PETITE ÉCOLE DE CHICAGO

APPENDIX D: SCHOOL CALENDAR 2024-25