Family Registration

Procare SOLUTIONS

Child Information

Registration Date _____

1st Child

Last Name	First Name	M.I.	Nickname

Entering grade	[ ] Male [ ] Female [ ] Prefer not to specify	Birth Date	Birth City/State City: State:	Social Security #

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address

Photos: May we take and maintain a photo of your child for security purposes?

[ ] Yes [ ] No

2nd Child

Last Name	First Name	M.I.	Nickname

Entering grade	[ ] Male [ ] Female [ ] Prefer not to specify	Birth Date	Birth City/State City: State:	Social Security #

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address

Photos: May we take and maintain a photo of your child for security purposes?

[ ] Yes [ ] No

3rd Child

Last Name	First Name	M.I.	Nickname

Entering grade	[ ] Male [ ] Female [ ] Prefer not to specify	Birth Date	Birth City/State City: State:	Social Security #

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address

Photos: May we take and maintain a photo of your child for security purposes?

[ ] Yes [ ] No

Additional Comments & Information: _____

Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian

Last Name	First Name	M.I.	Relationship to Child

Email Address	Work Phone	Cell Phone

Occupation	Employer	Work Address	Work Hours

2nd Primary Guardian

Last Name	First Name	M.I.	Relationship to Child

Email Address	Work Phone	Cell Phone

Occupation	Employer	Work Address	Work Hours

Which Guardian Should be Called First?	Home Phone	Preferred language for written communication:

Home Resident Street Address	Apt #	City	Zip Code

Mailing Address (if different than above)	Apt #	City	Zip Code

Second Guardian Information

Non-primary custodial parent

1st Non-primary Guardian

Last Name	First Name	M.I.	Relationship to Child

Email Address	Work Phone	Cell Phone

2nd Non-primary Guardian

Last Name	First Name	M.I.	Relationship to Child

Email Address	Work Phone	Cell Phone

Which Guardian Should be Called First?	Home Phone	Should mailings be sent to this household also? [ ] Yes [ ] No

Second Household Mailing Address	Apt #	City	State	Zip Code

Additional Comments & Information: _____

_____

Emergency Contacts and Authorized Pickups

1st Contact/Pickup

Last Name	First Name	Relationship to Child

Home Phone	Cell Phone	
		[ ] Able to pick up all children in the family [ ] Not able to pick up the following children: _____

2nd Contact/Pickup

Last Name	First Name	Relationship to Child

Home Phone	Cell Phone	
		[ ] Able to pick up all children in the family [ ] Not able to pick up the following children: _____

3rd Contact/Pickup

Last Name	First Name	Relationship to Child

Home Phone	Cell Phone	
		[ ] Able to pick up all children in the family [ ] Not able to pick up the following children: _____

Additional Comments and Information

Is there is any other information that would be helpful to our management and teaching staf?

Signature

Parent / Guardian Signature

Date

Lutheran Day Care Center
Enrollment Packet

I hereby authorize Lutheran Day Care Center to:

1. Call the child's doctor and/or hospital in case of sudden illness or accident.
2. Teach my child the religious curriculum approved by the Lutheran Day Care Center.
3. Include my child in regularly scheduled class trips or tours.
4. Use photographs of my child for publicity purposes.
5. Discharge my child from the Lutheran Day Care Center at any time that the Center's administration determines that it is advisable for reasons they seem sufficient.

(The above 5 waivers are required by the Illinois Department of Children and Family Services as part of licensing requirements.)

Signature of Parent/ Guardian

_____

Mother's Social Security Number_____

Father's Social Security Number_____

Child's Social Security Number_____

Field Trip Permission Slip

My child _____ has my permission to participate in any field trips planned by his/her teachers at this program. I understand that individual seat belts will be used for each child when traveling by car or van, and that adequate supervision will be provided during the entire trip. I also understand that only qualified drivers will be asked to drive.

Signed_____ Date_____

_____I would be interested in helping provide transportation for a field trip.
My car has ____ seat belts available for passengers.

Policy Regarding Rules & Discipline Procedures

Expectations:

1. Keep toys and electronics at home, or in their backpacks. This includes cell phones, tablets, game systems and chromebooks, unless working on homework.
2. Be kind to others.
3. Be respectful to others.
4. Be respectful of our items and property.
5. Follow the directions of the teachers.

Consequences:

1. After the first offense, the teacher will calmly talk to the child about the violation and help them find a better solution.
2. After the second offense, the teacher will calmly talk to the child again about the violation. The child will be removed from the situation and think of a better choice. Again, the teacher will help the child provide a better solution if necessary. The child will need to verbally tell the teacher what the better choice will be.
3. After the third offense, the parent will be called to come and pick up the child. (If we need to call the parents three times to pick up their child due to discipline issues, then the child will not be allowed to return to the center.)

This policy establishes our expectations and with every child/family agreeing, we will be able to provide a safe, fun, and caring environment for all of our students.

Please sign, date, and return to the center. We must have this on file for every child.

Signature_____

Date:_____

Pick Up Policy

In order to comply with the DCFS Licensing Standards for Day Centers, we are responsible for having a written policy to explain the actions that will take place should a parent not pick up their child as agreed.
The day care center closes at 5:30. If you or a designated person fail to call and make other arrangements and your child is not picked up at our agreed upon time the following consequences will occur.

A late fee of $10.oo will be charged for every 15 minutes you are late.

We will make 2 attempts to call you and the designees you have listed on the pick up form. We will only call those persons that you have approved in writing to pick up your child.

If all our attempts to locate someone fail we will be left with no choice but to contact DCFS and law enforcement. Please make every attempt to ensure that this does not happen and keep an updated list of approved designees on file.

I,_____ parent of_____
Have read the above pick up policy and understand my responsibilities regarding my child.

Parent/Guardian Signature

_____Date_____

_____Date_____

Parent consent and release of liability

I understand that Lutheran Day Care Center is not liable or legally responsible for my child(ren) when he or she is enroute to and from school or school activities. This includes the following:

- Children leaving the facility to go to school
- Children leaving school to go to the facility
- Children leaving the facility to go to other activities
- Children leaving school to go to other activities.

Parent Signature_____

Names of children for whom parent is legally responsible:_____

_____

Day Care Service Agreement

Child(ren)'s name(s)_____

Please circle the days that your child(ren) will be attending day care weekly

Monday Tuesday Wednesday Thursday Friday

Please write in the approximate drop off and pick up times for each day:

Monday Drop off_____ Pick up time_____
Tuesday Drop off_____Pick up time_____
Wednesday Drop off_____Pick up time_____
Thursday Drop off_____Pick up time_____
Friday Drop off _____Pick up time_____

Parent/Guardian Signature_____

All About Me

Child Developmental Insights					
At we believe that you are your child's first and most important teacher. We believe that education is a partnership between home and childcare/ school. To begin this communication, please take some time to tell us a little about your child.					
Child Information					
Child First Name			Child Last Name		
Child Date of Birth			Child Nickname		
Schedule of Care					
Arrival	Mon AM	Tue AM	Wed AM	Thurs AM	Fri AM
Departure	Mon PM	Tue PM	Wed PM	Thurs PM	Fri PM
Home Environment					
Child Lives with:					
Child's Ethnic Background:					
Primary Language spoken at home:					
Other languages spoken at home:					
Significant people in child's life:					
Holidays celebrated or significant cultural events:					
Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?					
Are there other siblings/ family in the home? ❑ Yes ❑ No If yes, please list name(s) and age(s).					
Previous Care Situation					
Has your child participated in a group care setting previously? ❑ Yes ❑ No If yes, was it a childcare center or a family childcare?					
Do you have back up care arranged in case of illness or center closure? ❑ Yes ❑ No					
Sleep Habits					
Does your child sleep through the night? ❑ Yes ❑ No					
Does your child sleep in a bed, crib, or other?					
Do you swaddle your child to sleep? ❑ Yes ❑ No					
Does your child sleep with a blanket or other comfort item?					

What time does your child typically go to bed at night and awaken in the morning?

Dietary Routines

Are there any dietary food restrictions? ❑ Yes ❑ No
If yes, please explain.

What is your child's favorite food?

What food does your child dislike?

Can your child self-feed?

Does your child use silverware, sippy cup, open cup drink through a straw?
Does your child use (Check all that apply):

❑ silverware ❑ sippy cup ❑ open cup ❑ drink through a straw ❑ Other
If other, please explain:

Does your child still use a highchair to eat? ❑ Yes ❑ No

Toilet Training

Can your child be relied upon to indicate bathroom wishes?

What words does your child use for:
Bowel movements: Urination:

What do you call their private parts?

Disposition/ Home Discipline

What are your child's strengths?

My child feels confident when...

My Child is afraid of...

My child gets frustrated when...

When my child gets upset, she/ he...

What is your normal method of discipline?

Does your child have any fears we should be aware of?
Are there any other comments or information you would like the center to know?
Any specific concerns?
Academic Environment
Has your child had experience playing with other children?
Does your child have any security objects such as a blanket, pacifier, bottle, toy etc.?
How do you sooth your child or how does your child self soothe?
What are your child's favorite activities, toys, books, or games?
In most cases, when opportunities arise to make choices, your child prefers to:
In most cases, your child prefers situations that offer:
In most cases, your child prefers temperatures which are:
In most cases, your child prefers lighting which is:
In most cases, your child prefers environments where there is:
Most of the time, your child prefers to be:
Most of the time, your child prefers to be involved in:
Most of the time, your child prefers environments that are:
What are your child's physical capabilities? IE. Sitting, crawling, running, cartwheels, etc.

Expectations
What goals do you have for your child in school this year?
What expectations do you have for us, your child's teachers?
What is your preferred method of communication with your child's teacher?

Medical Information

Child Medical Information

Pediatrician

Name	Address	Phone

Dentist

Name	Address	Phone

Health Insurance Information

Carrier	Policy Number	Phone

Special Needs

Do you have any concerns about your child's development? ❑ Yes ❑ No
If yes, please let us know if you have spoken to the physician about your concerns and if you have had any screening/tests done (vision, hearing, speech, developmental.)

Does your child currently have any limitations to physical activity? ❑ Yes ❑ No
If Yes, please explain.

Does your child require any special equipment for daily activities? ❑ Yes ❑ No
If Yes, please explain.

Has your child had any serious injuries or hospitalizations that we should we be aware of? ❑ Yes ❑ No
If Yes, please explain.

Allergies and Medication

Does your child require medication or treatment every day or as needed? ❑ Yes ❑ No
If yes, please list the name of the medicine, dosage, how many times per day and time taken, prescribing physician.

Does your child have any known allergies? ❑ Yes ❑ No
If yes, please explain and list any prescribed medications.

Medical Consents and Agreements	
Immunizations	
	1. I understand that my child must be current on all immunizations per state licensing regulations prior to enrollment and I am responsible for providing a copy of updated shot records as they are available to them.
	2. I understand that I have the right to immunize my child as I deem fit. I have attached a copy of the immunizations that my child has along with a statement stating philosophical reasoning as to why I choose for certain immunizations.
	3. I understand that I will only be given a one-week grace period to provide shot records to center administration (upon enrollment and for expired records). After one week, my child will not be allowed to return to the childcare facility without documentation from the child's health care provider
Medical Authorizations	
	4. In the event of a medical emergency, I authorize the center staff to administer first aid, CPR, and or secure emergency medical treatment for my child. I understand that I will be notified as soon as possible, which may be after treatment has already begun.
	5. If transportation to a hospital/clinic is necessary and a parent or emergency contact is not available to bring the child immediately, I give consent for my child to be transported by or emergency medical services.
Medication Administration	
	6. All medications will be kept in a locked medicine box, this is for your child's safety as well as the safety of other children. Medicine is not allowed to stay in the children's bags or cubbies ever.