

Nature's Scholars Enrichment Center, Inc. 4400 Beck Lane, Ringwood, IL 60072

Phone 815-653-0240 or Fax 815-653-0390

Admittance Form – (please complete both sides)

***For my child's safety, I agree to inform Nature's Scholars Enrichment Center, Inc. in writing of any changes to the following information. Nature's Scholars Enrichment Center, Inc. assumes no liability if not advised in writing. (initial please)_____

Name of Child _____
(last) (first) (middle)

Child's nickname if preferred _____
(name to be taught/used for everyday interactions)

Child's date of birth (month/date/year) _____ Sex: () Male () Female

Mother/Guardian Name _____
(last) (first) (middle)

Driver's license # and state _____

Home address _____
(street) (City) (state) (zip)

Home phone _____ () Cell phone _____ ()
Please number top 3 contact #'s in order of accessibility, 1 being easiest to reach

Email _____

Employer _____
(company name) (city) (state)

Employer's main phone _____ () Direct work line _____ Ext. _____ ()

Father/Guardian name _____
(last) (first) (middle)

Driver's license # and state _____

Home address _____

Home phone _____ () Cell phone _____ ()
Please number top 3 contact #'s in order of accessibility, 1 being easiest to reach

Email _____

Employer _____
(company name) (city) (state)

Employer's main phone _____ () Direct work line _____ Ext _____ ()

Marital Status of Parent(s): Married Single Divorced Separated Deceased
(circle one)

Child lives with: Both parents Mother Father Guardian Other (specify) _____
(circle one)

Special Dietary Release Signature _____
(additional Special Diet Authorization form to be filled out)

Unless stated otherwise it will be presumed that both mother/guardian and father/guardian (listed on front side of form) can pick up the child and/or be contacted in case of an emergency. We also need a minimum of 3 other people authorized to handle these duties if the parents/guardian cannot be reached.

Please list at least 3 people **authorized to pick up** child from center (do not list yourself, within 30 minute drive)

- 1) _____
(name) (address) (daytime phone) (relationship to child)
- 2) _____
(name) (address) (daytime phone) (relationship to child)
- 3) _____
(name) (address) (daytime phone) (relationship to child)

Please list at least 3 people to call in case of an emergency if parents/guardian cannot be reached.

- 1) _____
(name) (address) (daytime phone) (relationship to child)
- 2) _____
(name) (address) (daytime phone) (relationship to child)
- 3) _____
(name) (address) (daytime phone) (relationship to child)

Name(s) of person(s) who may **NOT** take child from center: _____

Is the custody/guardianship of your child affected by a court order? YES NO (circle one)

****If yes, please refer to the *Court Orders* section in the handbook on page 19.****

Siblings' names and ages _____

Has your child attended any other preschool, day care, home care? YES NO (circle one)

Name of Provider _____ How Long? _____

Does your child have any special needs? (allergies, naps, handicaps, special diet, toileting etc.)

Is there any additional information that would be helpful in getting acquainted with you or your child/children?

****Note: Signature of legal parent(s)/guardian(s) required for admission. ****

Print Name: _____ Print Name: _____
Relationship to child: _____ Relationship to child: _____
Signature: _____ Signature: _____
Date: _____ Date: _____

Days Enrolled: AW M T W R F Start Date: _____ Before After School Care

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Checklist for Enrollment

In order for your child to attend Nature's Scholars Enrichment Center, Inc., the following items must be at the center at least one (1) day prior to the child's first day of attendance. However, returning these items does not ensure your child's enrollment. Availability and start date needs to be confirmation with the director or administrator.

_____ \$50 registration fee

_____ Payment to cover one (1) week of child care (to be held as a deposit on the account)

_____ completed *Admittance Form*

_____ completed *Consent Form*

_____ this *Checklist for Enrollment*, with signed *Parent Handbook Agreement* statement below

_____ Illinois Department of Public Health *Child Health Examination* form-both sides completed, signed by a physician and dated within last six (6) months- (*original form-not copied or faxed*)

_____ Illinois Department of Public Health *Childhood Lead Risk Assessment Questionnaire*-Complete with a signature by a physician.

_____ Copy of child's *Certified Birth Certificate*

_____ Back page of "Summary of Licensing Standards" published by DCFS

Parent Handbook Agreement

I/we _____, the parents(s)/legal guardian(s) of

_____, acknowledge that I/we have received a copy of Nature's Scholars Enrichment Center, Inc. Parent Handbook and have been given the opportunity to read the manual and ask questions about and understand the policies contained therein. Furthermore, I/we agree to abide by the policies set forth in the manual.

I/we understand that the policies described in the Parent Handbook are not conditions of enrollment, and the language does not create a contract between Nature's Scholars Enrichment Center, Inc. and the parents. Nature's Scholars Enrichment Center, Inc. reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

Print Name: _____ Print Name: _____

Relationship to child: _____ Relationship to child _____

Signature: _____ Signature: _____

Date: _____ Date: _____

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Consent Forms

Medical

I, _____ as parent/legal guardian, give my permission for Nature's Scholars Enrichment Center, Inc. to secure medical care for my child _____. This may include, but is not limited to, first aid, care by a paramedic, Physician, or hospital. I agree to be responsible for any and all costs of such treatment and/or medication.

Signature of parent/guardian _____ Date _____

First Aid

I, _____ as parent/legal guardian, give my permission for Nature's Scholars Enrichment Center, Inc. staff to administer first aid to my child _____ in the event of a minor injury while in our care.

Signature of parent/guardian _____ Date _____

Sunscreen and Insect Repellant Application

I, _____ as parent/legal guardian, give my permission for Nature's Scholars Enrichment Center, Inc. to apply sunscreen and/or insect repellant, to my child _____ when supplied.

Signature of parent/guardian _____ Date _____

Photographs

I, _____ as parent/legal guardian, give my permission for Nature's Scholars Enrichment Center, Inc. to take photographs of my child _____. Other than display of my child's photographs inside the center or on the centers website www.NaturesScholars.com, I will be notified if such photographs will be used for publicity or used outside the center.

Signature of parent/guardian _____ Date _____

Leaving Nature's Scholars Enrichment Center, Inc. Property

I, _____ as parent/legal guardian, give my permission for the staff of Nature's Scholars Enrichment Center, Inc. to take my child _____ on walks and/or special excursions.

Signature of parent/guardian _____ Date _____

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Medical Permission Form

This original form,(not a copy), needs to be on file at Nature's Scholars Enrichment Center, Inc. before staff may dispense any medication to your child; this applies to prescription and/or over-the counter medication.

Physician's Certification and Authorization

I hereby certify that it is **absolutely necessary** that our patient, _____, receive the following medication while in attendance at Nature's Scholars Enrichment Center, Inc.

Medication _____ Dosage _____

Specify day/dates to be dispensed _____
(i.e. M-01/01/14, T-01/02/14, W-01/03/14)

Specific times to be dispensed _____
(i.e. 8:00am, 12:00 noon, 4:00pm)

Prescribed for (diagnosis) _____

Observe for these side effects _____

Physicians Signature _____ Date _____

Print Physicians Name _____ Phone (____) _____

Parent/Guardian Authorization

My signature on this form authorizes staff of Nature's Scholars Enrichment Center, Inc., to dispense the above medication to my child and releases Nature's Scholars Enrichment Center, Inc. and its employees of liability associated with it. I understand that the medication must be in the original container and labeled with my child's name, the name of the medication, dosage and frequency of administration: the dosage on the medication must be the same as the Physician's authorization above. I also understand it is my responsibility to remove any unused medication from the center. If not picked up within 10 days of last date listed above, the medication will be disposed of.

Parent Name: _____

Parent Signature _____

Date: _____

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Special Diet Authorization Form

I, _____ as parent of _____ authorize the staff of Nature's Scholars Enrichment Center, Inc. to give my child the food items I have prepared and/or supplied for them. I request that the staff of Nature's Scholar's Enrichment Center, Inc. serve the items in place of what the center is serving for the specified meal(s) and/or times I have listed below. I hereby certify that Nature's Scholars Enrichment Center, Inc. or staff of Nature's Scholars Enrichment Center, Inc. is not held responsible if my child develops a reaction or illness symptoms after consuming what I have prepared or supplied for them. I agree to train the director/administrator and staff member directly involved with my child on any special procedures related to my child's needs.

Print Parent Name: _____

Signature of Parent: _____

Date: _____

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Please provide a brief description below.

Type of food provided _____

Time food should be supplied to my child _____

Reason food is substituted _____

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Pet Release Form

I, _____ as parent/legal guardian, give my permission for the staff of Nature's Scholars Enrichment Center, Inc. to let my child _____ interact with center pets or other animals used at the center for learning purposes. This may include but not be limited to, handling, feeding & cleaning of animals and their habitat.

All safety precautions and hand washing will be strongly practiced.

Animals/Pets that may be at center include; Rabbits, fish, butterflies or other form of, insects, worm and ant farms, hermit crabs or other pets similar.

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Transportation Authorization Form

STUDENT INFORMATION:

Student's Last Name **Student's First Name**

Address

City **State** **Zip**

AGREEMENT:

- I understand that District #12 offers busing to and from Johnsburg schools with a pick up and drop off at Nature's Scholars Enrichment Center, Inc., or nearest location.
- I agree to be responsible for transporting my child to and their school if my child misses the bus/walking route at Nature's Scholars Enrichment Center, Inc., or nearest location.
- I understand a qualified staff from Nature's Scholars Enrichment Center, Inc. will be walking my child safely to the bus stop and staying with my child until the bus arrives.
- I understand a qualified staff from Nature's Scholars Enrichment Center, Inc. will be at the bus stop to help my child get safely off the bus and walk him/her inside the center
- I understand that once my child gets safely on the bus he/she is the responsibility of District #12 until he/she is returned to Nature's Scholars Enrichment Center, Inc.
- I agree to be responsible for picking up my child at their school if for any reason he/she gets ill and/or needs to be picked up before the end of the school day.
- I agree to notify Nature's Scholars Enrichment Center, Inc. if my child's daily busing schedule should change or is absent and will not be going to or returning from their school.
- I agree to be responsible for transporting my child to and from Nature's Scholars Enrichment Center, Inc. if my child displays harmful or continual inappropriate behavior, as seen by the Director, at any time while being transported to and from District #12 schools.

Parent/Guardian Signature **Date**