

Child Enrollment Application

For Office Use Only: Submission date _____ Date enrolled _____ Withdrawl date _____

RETURN THIS APPLICATION TO:

Illinois State University Child Care Center, Attn.: Karen Stephens, Director
124 Turner Hall, Mail Code 5060, Normal, IL 61790-5060
Ph. (309) 438-5026, Fax: (309) 438-5659, E-mail: kstephen@ilstu.edu

ISU Child Care Center

Licensed by IL Dept. of Children & Family Services

Serving children aged 3-8 years of ISU students. (Faculty/Staff summers.)

Service provided only when ISU classes are in session.

Hours & Location

Fall and Spring Semesters:

3-8 year olds, Turner 124, 7:30 a.m. to 5:30 p.m. Fall & Spring semesters, M-F

Summer: 3-8 year olds, Turner 124, 7:15 a.m.-5:30 p.m., M-F. (Last 8 weeks only.)

Enrollment Information (Incomplete applications will NOT be processed.)

Semesters requested for enrollment? Fall ___(yr.) Spring ___(yr.) Summer ___(yr.)

Requested starting date: _____

Child's Daily Attendance Schedule (upon initial enrollment):

Mon. ___ to ___ Tues. ___ to ___ Wed. ___ to ___ Thurs. ___ to ___ Fri. ___ to ___

Child Information: (Please print throughout application for clarity.)

Child's Full Name _____ Gender _____ Birthdate _____ Age _____

Nickname if appropriate: _____ Ethnicity _____ (optional)

Child's Address: _____

street city state zip

Relationship of Child's Parents: Please circle one that applies.

Married/ Divorced/ Legally separated/ Single--same or different household?

Emergency Contacts & Authorization for Child Release

For security and IL DCFS licensing, children will ONLY be released to custodial parents or legal guardian's identified in enrollment information. However, **should an emergency arise and you can't be reached or located**, (or you can't respond when reached) please identify and provide your signature below for those persons you authorize to be **LOCAL** contacts to take physical custody of your child. (Note: Upon arrival, these persons must show a classroom Head Teacher or the Director a photo ID & provide their signature on the Center's daily attendance sign out sheet.)

Full Name: _____ Home Ph. (____) _____ Work: (____) _____
Cell Ph. (____) _____
Address _____ Relationship to Child: _____
street city st. zip
Driver's License & State _____ Auto license plate & state _____

Full Name: _____ Home Ph. (____) _____ Work: (____) _____
Cell Ph. (____) _____
Address _____ Relationship to Child: _____
street city st. zip
Driver's License & State _____ Auto license plate & state _____

Parent/Legal Guardian Signature: _____ **Date** _____

Parent/Legal Guardian Consent Form (Required by DCFS)

Child's Full Name _____

Please circle Yes or No for each of the following, and provide your signature at the end:

1. I give permission for my child to participate in Center sponsored field trips and excursions whether transportation is by foot or vehicle. Yes No
2. I give permission for my child to participate in vision and hearing screening. Yes No
3. I give permission for my child to be photographed, tape recorded or videotaped by staff or others when involved in Center activities, including field trips and excursions. Such materials may be used for classroom as well as publicity purposes. Yes No
4. I give permission for my child to be observed by academic and non-academic visitors to the Center. Yes No
5. I understand my child will be observed by non-Center personnel for teaching or training purposes. I give permission for my child to participate in observation projects conducted by those authorized by the Director. Yes No

6. I give my permission for my child to participate in research or testing as approved by the Center Director. Yes No

7. In the event of an emergency requiring transportation to a medical facility, I give my permission for ISU Child Care Center to arrange emergency transportation via police vehicle, ambulance or emergency technician vehicle. Yes No

8. In the event of an emergency, illness or accident involving my child, I give my consent to ISU Child Care Center to secure emergency care for my child through an emergency medical technician, clinic, hospital, private physician or dentist. Yes No

Parent/ Legal Guardian Permission Signature: _____ **Date** _____

HEALTH CARE INFORMATION

Do you have proof of up-to-date **child's immunizations** for: polio, measles, rubella, mumps, diphtheria, pertussis, tetanus, haempophilus, influenzae B and hepatitis B?
Yes No

If not, when will you? _____ (Proof required if enrolled.)

Do you have results of lead screening? Yes No (Screening required if enrolled.)

Do you have results of your child's negative TB test? Yes No (Required if enrolled.)

Child's local physician and/or clinic: _____

Address _____ Ph. (____) _____
street city st. zip

Child's local dentist: _____

Address _____ Ph. (____) _____
street city st. zip

Does your child have any **allergies**? Yes No

If so, specify allergy triggers: (i.e. foods, medications, insects, animals), _____

Specify *symptoms*: _____

Specify *treatment*: _____

Are there **special requirements** or **limitations for your child's diet** while in child care?

Yes No

If yes, are they family preference or doctor's requirement? _____

Please specify limitations: _____

How should limitations be accomodated? _____

Children with Disabilities or Special Health Needs

(If not applicable, please skip to Child's Personal and Developmental History section.)

ISU Child Care Center strives to accommodate children with special needs whenever possible. In the event of acceptance, please help us better serve your child by completing the following.

Is your child's disability: mental visual auditory physical emotional behavioral
Specify and describe disability: _____

Does your child's disability require specialized treatment or medication? Yes No

If yes, please
specify: _____

Will treatment or medication need to be administered at the Center? Yes No

Could treatment (i.e. nebulizer) or meds be given by Center staff? Yes No

If yes, would you provide Center staff with training? Yes No

Does your child use specialized equipment for health or mobility? Yes No

If yes, please
specify: _____

Would you provide staff with training on use of such equipment? Yes No

Does your child need specialized care in feeding, toileting, napping or dressing? Yes

No

If yes, please specify & describe all that apply: _____

Child's Personal & Developmental History

If applicable, names step-parents in your child's life:

1. Name: _____

2. Name: _____

Name and ages of siblings (or step-siblings) living with your child: _____

Are there pets in the home? If so, please specify. _____

How has daytime child care been provided in the past? (Circle any that apply.)

parent grandparent other relative day care home day care center nanny

Is English your child's primary language? Yes No. If not, what is? _____

If your child doesn't speak English, provide phonetic spelling of words your child understands for: Hello _____ Goodbye _____ Mom _____ Dad _____

Yes _____ No _____ Hungry _____ Thirsty _____ Tired _____

Scared _____ Hurt _____ Potty _____ Play _____

Friend _____ Like _____ Outside _____ Inside _____

Describe your child's language and communication abilities: _____

Is your child toilet-trained? Yes No If yes, for how long? _____

Does your child have problems with urination, bowels or toileting? Yes No If yes, please specify: _____

Does your child nap? Yes No Length of afternoon nap: _____

Ways to help your child nap comfortably: _____

Does your child have problems with bedwetting? Yes No

Does your child need help dressing? Yes No If yes, specify: _____

Does your child need help eating? Yes No If yes, specify: _____

Does your child have fears we should know of? Yes No If so, specify and provide tips for helping your child cope with them. _____

Has your child gone through a stage of biting other children? Yes No.
If so, does it continue now? Yes No. If yes, how do you handle it? _____

Describe your child's general physical motor abilities: _____

Describe your child's preferred playmates, i.e. solitary, siblings, peers, adults: _____

Describe your child's preferred play activities, i.e. toys, games, books: _____

Does your child watch television? Yes No If yes, please note favorite programs: _____

Please describe the type of discipline for behavior you use at home: _____

Are there religious or family/cultural traditions your child observes? Yes No. If so, please specify: _____

Please describe any unique circumstances in your family or child's life that may affect your child's current behavior? (For instance, child's imaginary playmate; new sibling; a recent move; problems with child care arrangements; family death, illness or hospitalization; parent separation or divorce, etc.)

Please take a moment to describe your child's personality and temperament to us: _____

What do you hope your child gains from enrollment in our program? _____

Parent Interest Survey

Our Center conducts monthly parent-teacher meetings during the fall and spring semesters. Are there specific topics you would like addressed? If so, specify: _____

Our Center includes parents of enrolled children on our advisory board. Would you be interested in being contacted about serving on such a board? Yes No

Do you have any personal talents/skills you'd enjoy sharing with classroom children? (Such as a musical talent or crafts skill.) If yes, please specify: _____

How did you hear about ISU Child Care Center? _____

What influenced your decision to apply to our Center? (Circle any that apply.) location price reputation educational program head teacher director facility