



# LEARNING CENTER

**REGISTRATION FILE**

# Enrollment Application



## Child Information

Child's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Home Telephone # \_\_\_\_\_  
 Starting Date \_\_\_\_\_



## Parents/Legal Guardians Information

Parent/Guardian #1 _____	Parent/Guardian #2 _____
Address (if different) _____	Address (if different) _____
_____	_____
Cell # (if different) _____	Cell # (if different) _____
Business # _____	Business # _____
Email _____	Email _____
Name and Address of the Employer _____	Name and Address of the Employer _____
_____	_____
Occupation _____	Occupation _____
Work Hours _____	Work Hours _____



## Attendance Schedule

PLEASE choose the program your child will attend:

- |                  |               |
|------------------|---------------|
| 1. ___ Full Time | ___ Monday    |
| 2. ___ Part Time | ___ Tuesday   |
| 3. ___ Half Day  | ___ Wednesday |
|                  | ___ Thursday  |
|                  | ___ Friday    |

Expected Arrival Time \_\_\_\_\_

Expected Departure Time \_\_\_\_\_

## Emergency Card

**Child's Name:** \_\_\_\_\_ **Hospital:** \_\_\_\_\_  
**Birth Date:** \_\_\_\_\_ **Physician:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Tel #:** \_\_\_\_\_  
**Medications:** \_\_\_\_\_ **Any Known Allergies:** \_\_\_\_\_

Any Medical Conditions? Please explain:

Has your child been diagnosed with any developmental delays or conditions? Please explain:

## Emergency Contacts

### Parent(s)/Guardian(s):

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Work #** \_\_\_\_\_ **Work #** \_\_\_\_\_  
**Cell #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

In case of emergency, when parents cannot be reached, list people who can pick up your child within 1 hour. Do not leave this blank.

<b>Name:</b>	
<b>Relationship:</b>	
<b>Phone #:</b>	
<b>Address:</b>	

<b>Name:</b>	
<b>Relationship:</b>	
<b>Phone #:</b>	
<b>Address:</b>	

# MEDICAL CONSENT

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_

understand that in the event of a medical emergency, Children's Land Learning Center will always act in the best interest and safety of my child.

If an emergency occurs, I authorize Children's Land staff to call 911, seek immediate medical assistance, and, if necessary, transport my child from the premises to receive emergency medical care. This care may be provided by licensed medical professionals, a hospital, or an emergency clinic.

I understand that Children's Land will use its best judgment to determine when a situation requires emergency medical attention and that decisions will be made with my child's well-being as the top priority. I also understand that Children's Land cannot be held responsible for the nature, administration, or outcome of medical treatment provided by emergency personnel or medical providers.

By signing below, I acknowledge and agree to this authorization.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Pick-up Authorization

I/we authorize the following individuals to pick up my/our child, \_\_\_\_\_ when I am/we are unavailable:

<b>Name:</b>	
<b>Relationship:</b>	
<b>Phone #:</b>	
<b>Address:</b>	

<b>Name:</b>	
<b>Relationship:</b>	
<b>Phone #:</b>	
<b>Address:</b>	

<b>Name:</b>	
<b>Relationship:</b>	
<b>Phone #:</b>	
<b>Address:</b>	

<b>Name:</b>	
<b>Relationship:</b>	
<b>Phone #:</b>	
<b>Address:</b>	

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

 **Help Us Get to Know Your Child Better:**

1. Are there any other names your child is called at home?

2. What are things your child can do by themselves?

3. What is your child's favorite activity?

4. Does your child have any fears?

5. Has your child been in daycare before?

6. What is the reason care was terminated?

7. What are you looking for in a new childcare?

8. Does your child have any special needs?

 **Sleeping Habits:**

1. Does your child have a regular bedtime schedule?

2. What is your child's bedtime?

3. What time does your child wake up?

4. What are the usual time(s) and length(s) of naps

5. Does your child have any problems getting to sleep?

 **Health Concerns:**

1. Does your child have any known chronic problems?  
If yes, please describe.

2. Are there any hearing or vision problems? If yes, please describe.

3. Does your child have any known allergies? If yes, please list the allergy and the treatment plan.

4. List any communicable disease your child has had.

 **Eating Habits:**

1. Does your child have a special diet due to tastes, allergies or religious beliefs? (e.g. halal, kosher, vegetarian, etc)

2. If yes, please list the food your child should NOT be served and why.

3. What are your child's favorite foods?

4. What are your child's least favorite foods?

5. Does your child eat independently?

6. Does your child use utensils when eating?

 **Social Patterns:**

1. Please check those characteristics that apply to your child at the present time:

- Friendly  Aggressive  Content  Restless   
Shy  Daring Clumsy  Mature Coordinated   
Follower  Creative  Generous  Happy   
Quiet  Loud  Destructive  Leader   
Independent  Gentle  Confident

2. Please share the methods you have found successful in disciplining your child.

3. Does your child play with other children?

4. Is your child content to play by himself?

5. Do you set limits for your child?

6. Are you consistent in disciplining your child?

# PERMISSION FORMS

## Medication Administration Policy

I/We authorize Children’s Land staff to administer medication to our child only as directed on the prescription label or as specified in a doctor’s written note for non-prescription medication.

I/We understand that staff will strictly follow the provided instructions and will not administer medication in any way that differs from the written directions unless updated written authorization from the child’s physician is provided.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Application of topical non-medicated products Policy

I/We authorize Children’s Land staff to apply non-medicated cream, lotion, or sunscreen provided by us to our child. We confirm that this product has been used on our child before and that our child has no known allergic reaction to it.

I/We understand that the product must be in its original container and clearly labeled with our child’s name.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Athletic Activities Permission

I/We give permission for our child to participate in school athletic activities, including but not limited to running, group games, and the use of indoor and outdoor play equipment. This permission also includes participation in aerobic and dance activities, which may take place for up to one hour, up to three times per week.

I understand that Children’s Land staff take reasonable precautions to ensure the safety and well-being of all children. In consideration of these precautions, I agree to hold Children’s Land, Inc., its employees, and officers harmless from injuries or claims that may arise during participation in these activities.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Media Permission

I/We give permission for Children’s Land Learning Center to use images and videos of my child in the following ways:

- Within Children’s Land’s private photo-sharing application for families.
- On Children’s Land social media pages.
- In printed promotional materials (such as flyers, brochures, and displays)

I understand that images will be used respectfully and for school-related purposes only.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Field Trip Permission

I/We give permission for my child to participate in school field trips. I understand that Children’s Land staff takes reasonable precautions to ensure the safety and well-being of all children while outside of school premises. In consideration of these precautions, I agree to hold Children’s Land, Inc., its employees, and officers harmless from any injuries or claims that may arise during these activities.

I/We recognize that if we choose not to send our child on a field trip, we must provide alternate care for the duration of the trip. We understand that Children’s Land will not offer tuition reimbursement or alternate care for the duration of the field trip.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Sick Child Policy

To help maintain a healthy and safe environment for all children and staff, Children's Land Learning Center follows strict illness and exclusion guidelines in accordance with licensing regulations.

### General Health Guidelines

- Children with a known or suspected communicable disease may not attend school.
- All children are screened upon arrival for visible signs of illness.
- Children do not need to be excluded for minor symptoms such as a clear runny nose or mild cough, as long as they can fully participate in daily activities, including outdoor play.
- If a child becomes ill during the day and cannot participate comfortably, they will be sent home.

### Symptoms Requiring Exclusion

- Fever (100.4°F or higher): Child must remain home until fever-free for 24 hours without medication.
- Vomiting: Child must remain home for at least 24 hours after the last episode, unless a doctor confirms a non-infectious cause.
- Diarrhea: If diarrhea occurs two or more times in one day, the child must be picked up. Child may return when symptom-free.
- Rash: All rashes must be identified by a physician. A doctor's note stating the rash is non-contagious is required before return.
- Pink Eye (Conjunctivitis): Child may return with a doctor's note stating they are not contagious.
- Severe or Persistent Cough / Difficulty Breathing / Wheezing: Child may return with a doctor's note and must be able to participate in daily activities.

### Medication Requirement

- When medication is prescribed, the child must be on medication for at least 24 hours and have a doctor's release note before returning to school.

### Contagious Diseases Requiring Exclusion

If your child is diagnosed with any of the following illnesses, exclusion is required for the specified period:

- Chickenpox (Varicella): At least 6 days after rash onset
- COVID-19: Minimum 5 days from diagnosis and symptom-free for the last 24 hours
- Whooping Cough (Pertussis): Until 5 days of antibiotics are completed
- Measles: Until 4 days after rash disappears
- Mumps: Until 9 days after parotid swelling begins
- Scabies: Until the morning after first treatment
- Impetigo: Until 24 hours after treatment begins
- Strep Throat: Until 24 hours after antibiotics begin and fever-free for 24 hours
- Hand, Foot, and Mouth Disease: Until sores have dried and a doctor confirms the child is not contagious
- Head Lice: Until the morning after first treatment and all nits are removed

### Pick-Up Requirement

Children's Land is not equipped to care for sick children. If your child becomes ill during the day:

- Parents or authorized caregivers are expected to pick up the child within 1 hour of notification.
- Failure to pick up a sick child on two occasions may result in termination of enrollment.

### Parent Acknowledgment & Consent

I/We have read, understand, and agree to follow the Sick Child Policy as outlined above. I/We understand that exclusion decisions are made in the best interest of the child and the school community.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Tuition Policy

## Payment Schedule

Monthly or Twice a month (1st and 15th). Tuition must be paid no later than the first day of attendance.

## Registration Fee

Registration fees are non-refundable and do not apply toward tuition or other fees.

A \$25 **late fee** will be applied to accounts that are 5 days past due.

## CCAP or Other Subsidized tuition

- Families are responsible for full tuition until subsidy approval.
- Accounts will be credited once reimbursement is received.
- Any balance not covered by subsidy must be paid monthly per standard tuition rules.
- Parent/guardian is responsible for paying any difference between the Center's tuition and the assistance received.

## Proration

The first month of tuition will be prorated if a child begins care mid-month. The final month of tuition will be prorated only with a minimum of 2-week written withdrawal notice.

Children's Land is pleased to offer a 5% **sibling discount**.

## Schedule Changes

A 2-week written notice is required to reduce scheduled days. Requests to add days are subject to space availability and will be billed at an additional daily rate.

Withdrawal: A minimum of 2 weeks' written notice is required to withdraw from the program.

Parents/guardians are financially responsible for tuition during the 2-week notice period. Failure to provide notice results in financial responsibility for the notice period. Unpaid balances may be sent to collections.

## Absences

- Tuition is based on enrollment, not attendance.
- Tuition remains due during absences due to illness, holidays, vacations, school closings, or any other reason.
- Make-up days are not offered.
- Families choosing not to participate in field trips must arrange alternate care for the duration of the trip. Tuition is not reimbursed.

## Vacations

Families who plan to remove their child from the program will receive the following tuition adjustments:

- 1 full week absence: 10% discount on weekly tuition
- 2nd consecutive week: 50% discount on 2nd week
- 3rd and 4th consecutive weeks: Tuition waived

Vacations exceeding one month will result in automatic disenrollment, and a re-enrollment fee will be required if the child returns.

## Emergency Closures

In the event of emergency closures (e.g., severe weather, power or water outages, flooding), tuition remains unchanged.

## Late Pick-Up Fees

- The Center closes promptly at 6:00 PM.
- Late pick-up fees are \$1 per minute from 6:00 PM until the child exits the building.
- Late fees are recorded daily and billed monthly through Brightwheel.
- Late fees are paid directly to the teacher in charge.

## Field Trips

Field trip fees are not included in tuition and will be billed separately.

## Tuition Changes

Children's Land reserves the right to adjust tuition with 30 days' written notice. I/We have read and agree to the Tuition Policy and understand that timely payment is required to maintain enrollment.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Arrival and Dismissal Policy

Children's Land Learning Center is open Monday through Friday, from 7:00 AM to 6:00 PM.

### Drop-Off

- Parents are responsible for the safe arrival of their child.
- Children must be brought directly to the classroom area and handed to a staff member.
- For safety reasons, parents are not permitted inside the classrooms.
- Children may not enter the building unattended.

### Pick-Up

- Children will be released directly to a parent or authorized adult by a staff member.
- Parents are expected to pick up by 6:00 PM.
- A late pick-up fee of \$1.00 per minute will be applied for any pick-ups after 6:00 PM.

### Authorized Pick-Up Persons

- If someone other than a parent or authorized person will be picking up your child, written notice must be provided in advance.
- Authorized pick-up persons must be 18 years or older and present a valid photo ID.
- Children will not be released to anyone who is not authorized, under any circumstances.
- Individuals not known to staff may be required to show identification before a child is released.

### Failure to Pick Up

- If, after three attempts, we are unable to reach a parent or authorized contact and a child has not been picked up by 6:15 PM, Children's Land will contact the local police department and report the incident to the Department of Children and Family Services (DCFS), as required by law.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Parent Handbook Receipt

I/We hereby certify that we have received a copy of Children's Land Learning Center PARENT Handbook, including Children's Land Guidance and Discipline policy. We understand and accept all the DCFS and school's current policies and regulations that are clearly defined in the handbook. We also understand that certain portions of this book may need to be amended or eliminated from time to time without advance notice.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I/We, \_\_\_\_\_, parents of \_\_\_\_\_, hereby certify that we have received a copy of Summary of DCFS licensing Standards printed by the Illinois Department of Children and Family Services.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_