



Registration Checklist

Child's Name _____ Date: _____

Enrollment Date: _____ Dismissal Date: _____

_____ Student/Family Information

_____ Receipt of Parent Handbook

_____ Receipt of Summary Licensing Standards for Daycare Centers

_____ Receipt of Guidance and Discipline Policy

_____ Walking Field Trips/Outings

_____ Photo Release

_____ Topical Non-Prescription Medical Release

_____ Prescription and Over the Counter Medical Release

_____ Tuition Agreement

_____ Child Facts Sheet

_____ Health Appraisal (shot records, physical, health history, tb questionnaire)

_____ Birth Certificate (*Within 30 days of enrollment the parent or guardian must provide a certified copy of the child's birth certificate*)

STUDENT INFORMATION:

Child's Name _____

Child's Home Address _____

Home Phone _____ Date of Birth _____ Sex _____

Parent 1's Home Address, if different from Student

Parent 2's Home Address, if different from Student

FAMILY INFORMATION:

Parent 1:

Name _____

Phone Numbers Cell # _____ Work # _____ Home # _____

Email _____

Employment _____

Employment Address _____

Parent 2:

Name _____

Phone Numbers: Cell # _____ Work # _____ Home # _____

Email _____

Employment _____

Employment Address _____

EXPECTED WORK HOURS FOR PARENTS

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

EXPECTED CARE HOURS FOR CHILD

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

HEALTHCARE PROVIDER

Physician's Name _____

Phone Number _____

Address _____

Hospital Preferred _____

Allergies, Special Needs, or Special Instructions _____

I give permission to the Nook Daycares, licensed by the Department of Child and Family Services, to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. In the event of an emergency the Director on staff will ride with the child in the ambulance to the nearest hospital.

Bucktown Nooks (N1, N2, NPS, Studio, North): Saint Mary Of Nazareth Hospital 1207 N. Oakley Blvd

Nook West Town: Rush University Medical Center 1653 W. Congress Pkwy

Nook South Loop: Insight Hospital & Medical Center Chicago 2525 S. Michigan Ave

(Parent/Guardian's Signature)

(Date)

EMERGENCY CONTACTS

ALL INFORMATION SHALL BE REGARDED & HANDLED CONFIDENTIALLY

Please list names, addresses, and phone numbers if parents can't be reached.

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

PICK-UP LIST

ALL INFORMATION SHALL BE REGARDED & HANDLED CONFIDENTIALLY

The Nook Daycares have permission to release my child to the following in the case that the parents are unavailable to pick up for any reason. If child is not picked up by school closing time the Nook Daycares have permission to contact the emergency list and then pick-up list. After 15 minutes of unsuccessful attempts to reach parents, emergency contacts, and pick up list we are required to call the nearest police station and DCFS.

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

(Parent/Guardian's Signature)

(Date)

RECEIPT OF PARENT HANDBOOK

I, _____, hereby certify that I have received The Nook Daycare Parent Handbook.

(Parent/Guardian's Signature)

(Date)

RECEIPT OF SUMMARY LICENSING STANDARDS FOR DAYCARE CENTERS

I, _____, hereby certify that I have received a copy of the summary of licensing standards printed by the Illinois Department of Children and Family Services.

(Parent/Guardian's Signature)

(Date)

RECEIPT OF GUIDANCE AND DISCIPLINE POLICY (IN PARENT HANDBOOK)

I, _____, hereby certify that I have received and understand the guidance and discipline policy that is clearly defined in The Nook's Parent Handbook.

(Parent/Guardian's Signature)

(Date)

WALKING FIELD TRIPS AND PARK

The Nook Daycares frequently take walks during the week. Some examples of such excursions are: daily neighborhood park walks, block walks, walks to the library, walks to the nearby fire station and/or police station, 606 (Bucktown Nooks). If we do other walking field trips or bus transportation field trips, we will require special permissions for those circumstances. These outdoor trips are part of our daily curriculum and permission to participate is required.

I give permission to the Nook Daycares to take my child on daily outings as listed.

(Parent/Guardian's Signature)

(Date)

PHOTO RELEASE

The Nook Daycares have my permission to use my or my child's photograph and/or video for publicity, promotional or for educational purposes. I understand that these may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason for such use.

____ Yes, I give consent for the Nook Daycares to use photographs of my child for school purposes and/or at school events.

___ No, I do not authorize the Nook Daycares to use photographs of my child for any event.

(Parent/Guardian's Signature)

(Date)

TOPICAL NON-PRESCRIPTION MEDICAL

I give permission for staff at The Nook Daycares to apply topical non-prescription products to my child as needed (check all that apply)

*Sunscreen and aquaphor provided by school. Parent would provide the center with other items listed if needed

_____ Sunscreen _____ Diaper Cream/Aquaphor _____ Orajel
_____ Teething Tablets _____ Chap Stick _____ Cream/Lotion

(Parent/Guardian's Signature)

(Date)

OVER THE COUNTER AND PRESCRIPTION MEDICATION

All prescription and over the counter medication must be in the original pharmacy labeled bottle and can be only administered if the The Nook Daycares consent form is signed (see Director for consent form when needed). The original label on the medication must be in place with the child's name, date , dose, and frequency of administration on the label. We must have a doctor's note on file coordinating with that medication, regardless of prescription or over the counter.

(Parent/Guardian's Signature)

(Date)

TUITION AGREEMENT

As of _____, The Nook Daycare Center agrees to provide child care services for the following named child(ren):

(Printed Name of Child)

(Date of Birth)

(Printed Name of Child)

(Date of Birth)

☐ \$250.00 *Annual* Enrollment Fee (due at time of enrollment and every March after)

☐ Monthly Amount Paid \$_____

Tuition is paid monthly and may be prorated based on start date and end date. A 60 day notice is required by the guardian if canceling enrollment. Enrollment fee is annual and will be due every March.

Upon signing this agreement, the parent, legal guardian, or responsible adult and the childcare facility agrees to abide by all of the policies and provisions contained in this contract and within the parent handbook.

(Parent/Guardian's Signature)

(Date)



Dear Parent/Caregiver:

Welcome to our screening and monitoring program. Because your child's first 5 years of life are so important, we want to help you provide the best start for your child. As part of this service, we provide the **Ages & Stages Questionnaires®, Third Edition (ASQ-3™)**, to help you keep track of your child's development. A questionnaire will be provided every 2-, 4-, or 6-month period. You will be asked to answer questions about some things your child can and cannot do. The questionnaire includes questions about your child's communication, gross motor, fine motor, problem solving, and personal-social skills.

If the questionnaire shows that your child is developing without concerns, we will provide some activities designed for use with ASQ-3 to encourage your child's development and will provide the next questionnaire at the appropriate time.

If the questionnaire shows some possible concerns, we will contact you about getting a more involved assessment for your child. Information will only be shared with other agencies with your written consent.

We look forward to your participation in our program!

Sincerely,



Consent Form

The first 5 years of life are very important for your child because this time sets the stage for success in school and later life. During infancy and early childhood, your child will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period.

Please read the text below and mark the desired space to indicate whether you will participate in the screening/monitoring program.

- ☐ I have read the information provided about the Ages & Stages Questionnaires®, Third Edition (ASQ-3™), and I wish to have my child participate in the screening/ monitoring program. I will fill out questionnaires about my child's development and will promptly return the completed questionnaires.
- ☐ I do not wish to participate in the screening/monitoring program. I have read the provided information about the Ages & Stages Questionnaires®, Third Edition (ASQ-3™), and understand the purpose of this program.

Parent or guardian's signature

Date

Child's Name: _____

Child's date of birth: _____

If child was born 3 or more weeks prematurely, # of weeks premature: _____

Child's primary physician: _____

Ages & Stages Questionnaires®, Third Edition (ASQ-3™), Squires, Twombly, Bricker & Potter.
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www.agesandstages.com | 1-800-638-3775 |   

CHILDS FACTS SHEET

Please list below anything that our staff should know about your child. Examples include:
favorite comfort items, allergies, food likes and dislikes, fears, temperament, schedule, siblings,
pets, family traditions, etc.