Welcome to

Picket Fence

Early Care & Education Center



Enrollment Application

A Place to Grow; A Place to Learn

Elmwood Park 1
36 Conti Parkway
Elmwood Park, IL 60707
708-452-4544
708-453-7994 fax
Picketfence36@sbcglobal.net

Elmwood Park 2
7801 W. Grand Ave
Elmwood Park, IL 60707
708-452-7666
708-593-4544 fax
Admin@picketfencelearningcenter.com

River Grove
2624 N. Oak Street
River Grove, IL 60171
708-401-4544
708-593-4544 fax
Picketfencerg@gmail.com

Picket Fence

Enrollment Application

Child Information

Application date:

Complete all applicable fields. You may type into the fields, then print and sign. Attach additional pages if needed.

Child's Full Legal Name:

Date of birth:

Gender:

Child's home address, city, state, ZIP:

Requested start date:

Center / location:

Program / classroom (e.g., toddler, preschool, pre-K, kindergarten):

Full-time / part-time:

Requested weekly schedule

Check each day your child will attend and enter the approximate arrival and departure times for that day.

Days attending	Arrival time (AM/PM)	Departure time (AM/PM)
☐ Monday		
☐ Tuesday		
☐ Wednesday		
☐ Thursday		
☐ Friday		

Children must be brought inside and signed in upon arrival, then signed out at departure. Please arrange schedule changes with the director in advance.

Enrollment certification: I certify that the information in this enrollment application is accurate and complete to the best of my knowledge. I will notify the center promptly of changes to contact, pickup, custody, or health information.

Parent 1 signature (sign after printing):

Date:

Parent 2 signature (sign after printing):

Date:

Director / office use only

Actual enrollment / admission date:

Discharge date:

Director signature (sign after printing):

Date:

Parents

Provide a separate home address and employment details for each parent. If only one parent is listed, write N/A in the Parent 2 fields. Attach an additional parent page if needed.

Parent 1

Full Legal Name:

Date of birth:

Relationship to child:

Home address, city, state, ZIP:

Mobile / home phone:

Email:

Employer Name:

Work days and hours:

Employer address, city, state, ZIP:

Work phone:

Parent 2

Full Legal Name:

Date of birth:

Relationship to child:

Home address, city, state, ZIP:

Mobile / home phone:

Email:

Employer Name:

Work days and hours:

Employer address, city, state, ZIP:

Work phone:

Emergency Contacts & Pickup

Emergency contacts are not automatically authorized for pickup. List pickup permissions separately. Include complete addresses and daytime and evening phone numbers; you may repeat a number when it is the same.

Emergency contacts - if parents cannot be reached

Contact 1: Full Name / Relationship

Daytime / evening phone:

Address, city, state, ZIP:

Contact 2: Full Name / Relationship

Daytime / evening phone:

Address, city, state, ZIP:

Authorized pickup - three additional people

Parents listed on page 2 are the regular pickup contacts. List additional authorized people below and note any release conditions.

Person 1: Full Name / Relationship

Phone:

Address, city, state, ZIP:

Driver's license number / state:

Release conditions:

Person 2: Full Name / Relationship

Phone:

Address, city, state, ZIP:

Driver's license number / state:

Release conditions:

Person 3: Full Name / Relationship

Phone:

Address, city, state, ZIP:

Driver's license number / state:

Release conditions:

Anyone unknown to the team must show photo identification before pickup.

Child / Family History

Your answers help our team understand your child and plan for their needs. Complete the questions that apply and leave others blank. Attach additional details when needed. Information is handled under the center's confidentiality policy.

Child's Name:

Birth date:

Family telephone:

Family & household

Parent 1: Name

Age:

Parent 2: Name

Age:

Parents' marital status: married / divorced / separated / single

If divorced or separated: how long?

Family circumstances / remarks:

Custody and visiting arrangements:

Sibling 1: Name

Birth date:

Sibling 2: Name

Birth date:

Sibling 3: Name

Birth date:

Other household members: Names, Relationships, and Ages

How long have you lived at your current address?

Language & culture

Languages spoken at home:

Special words that help us communicate with your child:

Cultural practices and holidays you would like us to know about:

Development & Sleep

Birth & development

Birth: full term / premature

Birth complications:

Age when child began sitting:

Age when child began crawling:

Age when child began walking:

Question	Yes	No	Question	Yes	No
Is your child a confident climber?	☐	☐	Does your child fall easily?	☐	☐

Age when child began talking:

Communicates with words / sentences / other:

Speech or communication difficulties:

Other languages your child uses:

Special words your child uses to describe needs:

Sleep routines

Select one answer for each question	Yes	No
Does your child have their own room?	☐	☐
Does your child have their own bed?	☐	☐
Is your child ready to sleep at bedtime?	☐	☐
Does your child nap?	☐	☐

Bedtime:

Wake-up time:

Nap times: from / to

Does your child walk, talk or cry out at night? Describe:

What does your child take to bed? Comfort items / routines:

Social Relationships & Play

Relationships & adjustment

Experience playing with other children:

Temperament: friendly, aggressive, shy, withdrawn, or other; describe

Question	Yes	No	N/A
Does your child get along with brothers and sisters?	☐	☐	☐
Does your child get along with other adults?	☐	☐	

What ages of children does your child prefer to play with?

Children already known at the center:

Will your child adjust easily to child care? What would help?

What makes your child angry or upset?

How does your child show feelings?

Guidance & emotions

Behavior guidance / discipline methods used at home:

Usual reaction to guidance / discipline:

Who usually provides discipline?

Fears: animals, tall people, rough children, loud noises, the dark, storms, or other things

Interests & play experiences

Your child enjoys / can...	Yes	No
Being read to	☐	☐
Listening to music	☐	☐
Playing outdoors	☐	☐
Riding a tricycle	☐	☐

Has your child used / tried...	Yes	No
Clay	☐	☐
Scissors	☐	☐
Easel painting	☐	☐
Finger painting	☐	☐
Blocks	☐	☐
Water play	☐	☐

Favorite toys and activities at home:

Health History of Child

Past illnesses & current health

Check each illness your child has had and enter their age when it occurred:

	Age		Age		Age		Age
☐ Chickenpox		☐ Scarlet fever		☐ Diabetes		☐ Malaria	
☐ HIV		☐ AIDS		☐ Measles		☐ Hepatitis A	
☐ Hepatitis B		☐ Mumps		☐ Other illness:		**Age**	

Frequent colds? Explain:

Question	Yes	No	Question	Yes	No
Tonsillitis?	☐	☐	Vomits easily?	☐	☐
Ear aches?	☐	☐	Develops high fevers easily?	☐	☐
Stomach aches?	☐	☐			

Serious accidents / injuries: describe and give dates

Hospitalizations: reason and dates

Allergies & medical needs

Allergies and triggers, including food allergies (write NONE if none):

Allergy symptoms or reactions: asthma, hay fever, hives, or other symptoms

Current conditions, medications and other medical needs:

Examinations & overall health

Question	Yes	No	Question	Yes	No
Has seen a dentist?	☐	☐	Hearing tested?	☐	☐
Vision tested?	☐	☐	Wears corrective shoes?	☐	☐

Disabilities / conditions and accommodations needed:

Your assessment of your child's overall health:

Eating & Daily Nutrition

Appetite & food preferences

Select one answer for each question	Yes	No
Usually hungry at mealtimes?	☐	☐
Usually hungry between meals?	☐	☐

Favorite foods:

Foods your child refuses:

Eating or feeding difficulties:

Food allergies:

Mealtime routines

Question	Yes	No	Question	Yes	No
Uses a spoon?	☐	☐	Eats with hands?	☐	☐
Uses a fork?	☐	☐	Is your family vegetarian?	☐	☐

Left-handed / right-handed / not yet established:

Usual breakfast time:

Usual lunch time:

Usual dinner time:

Other dietary restrictions:

Toileting & Family Goals

Toilet habits

Select one answer for each question	Yes	No
Can your child reliably indicate the need to use the toilet?	☐	☐
Needs to go more often than is typical for their age?	☐	☐
Afraid of the bathroom?	☐	☐
Has toileting accidents?	☐	☐
Wets the bed at night?	☐	☐

Word used for urination:

Word used for bowel movements:

How does your child react to accidents?

Help needed with toileting:

Was toilet training easy or difficult, or has it not started? Describe:

If your child wets the bed at night, how often?

Tell us about your child

Describe your child: physical appearance, personality, abilities and strengths

What are your expectations, goals, or concerns for your child at the center? In what particular ways can we help your child?

Other concerns or difficulties we should know about:

Emergency Authorization Form

Child's Full Name:

Home phone:

Date of birth:

Child's Social Security number:

Parent 1: Full Name

Parent 1: Employer

Business phone:

Parent 2: Full Name

Parent 2: Employer

Business phone:

Friends or relatives to call if parents cannot be reached

Contact 1: Full Name

Phone:

Alternate phone:

Contact 2: Full Name

Phone:

Alternate phone:

Physician & dentist to call in an emergency

Physician: Name

Phone:

Alternate phone:

Physician address, city, state, ZIP:

Dentist: Name

Phone:

Alternate phone:

Dentist address, city, state, ZIP:

Insurance information

Insurance Company Name:

Insurance company address:

Group number:

Name of insured:

Member / policy ID:

Complete the emergency authorization and notarized signature on the next page.

Emergency Authorization & Notary

Permission for emergency medical care

I hereby grant permission for the director or supervisor staff person to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent.

2. Attempt to contact a child's physician.

3. Attempt to contact a parent through any of the persons listed on the emergency information form you completed for us.

4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) Call another physician or paramedics, (b) call an ambulance, (c) have the child taken to Gottlieb Memorial Hospital in the company of a staff member.

5. Any expenses under 4, above, will be borne by the child's family.

Parent: sign in the presence of the notary.

Parent signature: _____ Date: _____

Notary public use only

State of _____ County of _____

Subscribed and sworn to before me on _____ (date)

by _____
Name of person acknowledging:

Notary public signature: _____

Notary seal

Parent's Right

This form is intended to meet the requirements of the Health and Safety Code which requires that parents be informed of their right to enter and inspect the child care facility in which their child is receiving care. The facility is also required to post notice of this right in an area accessible for viewing. The child care facility is required to give the parent this form and complete and detach the bottom section of the form and maintain in the child's file to document proper notification.

1. Parents, upon presentation of identification have the right to enter and inspect the child day care facility, without advanced notice to the provider. Entry and inspection is limited to the normal operation hours while their child(ren) is receiving care.

2. The law prohibits discrimination or retaliation against any child or parent for exercising their right to inspect.

3. The law requires that parents be notified of their rights to enter and inspect.

4. The law requires that this notice of parents' rights to enter and inspect be posted in the facility in a location accessible to parents.

5. The law authorizes the person in charge of the child day care facility to deny access to a parent under the following circumstances:

   a. The parent is behaving in a way which poses a risk to children in the facility, or

   b. The adult is a noncustodial parent and the facility has been requested in writing by the custodial parent not to permit access to the noncustodial parent.

The form is to be retained in the child's file.

This will acknowledge that I/we, the parent (s) of _____ have received a copy of "Parents' Rights" from the licensee or authorized representative of Picket Fence Daycare and Learning Center

(Signature of Parent) (Date)

(Signature of Parent) (Date)

Parent Talent Survey

We would like to encourage participation in our program. Do you have skills or hobbies you would be interested in sharing with children and staff? We have listed a few areas; please feel free to suggest others.

Skills & professions

1. What is the profession of Parent 1?

2. What is the profession of Parent 2?

Ways to participate

3. Check the ways in which you might be able to enrich your child's days at the center:

- [ ] Bring a baby
- [ ] Share a hobby
- [ ] Share cultural customs, food, clothing, or photos
- [ ] Perform science experiments
- [ ] Assist with special events, fundraisers, book fairs, or the spring fun fair
- [ ] In-service training for staff
- [ ] Play an instrument
- [ ] Teach a special art or craft
- [ ] Put on a puppet show

Other (specify):

Weekly Tuition Rates

Elmwood Park 1 (36 Conti Pkwy) and River Grove (2624 Oak St.)

Age	Schedule	5 days	4 days	3 days	2 days
2-year-olds	Full time	**$250.00**	**$238.00**	**$225.00**	**$214.00**
	Part time	$206.00	$200.00	$195.00	$173.00
3 years and older	Full time	**$230.00**	**$219.00**	**$207.00**	**$195.00**
	Part time	$191.00	$186.00	$181.00	$159.00

Elmwood Park 2 (7801 W. Grand Ave.)

Age	Schedule	5 days	4 days	3 days	2 days
Infants	Full time		**$340.00 per week**		
Toddlers	Full time	**$305.00**	**$295.00**	**$285.00**	**$275.00**
	Part time	$215.00	$210.00	$205.00	$200.00
2-year-olds	Full time	**$245.00**	**$235.00**	**$225.00**	**$215.00**
	Part time	$200.00	$195.00	$190.00	$185.00
3 years and older	Full time	**$225.00**	**$215.00**	**$205.00**	**$195.00**
	Part time	$185.00	$180.00	$175.00	$170.00

* Part time = 5 hours or less a day. Infant part-time care is not offered.

* Tuition is based on your child's assigned classroom, which considers age and developmental readiness, including walking and toilet training.

River Grove before and after school care

Before School	After School	Before & After
$40.00	**$70.00**	**$100.00**

If River Grove Elementary has a half day, an additional **$10.00** applies. If River Grove Elementary has no school, an additional **$15.00** applies.

Tuition & Late Pickup Agreement

It is most beneficial for your child to arrive by 9:00 a.m. The latest a full-time child may enter the center is 10:00 a.m.

The number of teachers on our staff is based on the number of children enrolled. Tuition is therefore charged even when your child is absent. If your child is absent for a full week, half of the regular tuition is due for up to two weeks per calendar year. **Tuition is due every Friday.** If it is not paid on time, you will be charged a late fee of **$10.00 per day.**

If tuition is 14 calendar days past due, Picket Fence may terminate your child's enrollment in the program.

It is very important that your child attend only on the days for which they are enrolled. Attendance on other days may cause the number of children in a room to exceed state licensing standards.

Late Pickup Policy

Children must be picked up by their agreed pickup time. **Elmwood Park 1 and River Grove close at 6:00 p.m. Elmwood Park 2 closes at 5:30 p.m.** The late-pickup fee is **$2.00 per minute after the applicable location's closing time**; for part-time attendance, it begins **after five hours of care.**

At the agreed pickup time: Staff will call each parent at the phone numbers on file.

1 hour after closing: If the child remains at the center and staff have not heard from a parent or authorized pickup person, staff will contact local law enforcement and DCFS for assistance.

Picket Fence will continue to supervise and care for your child until the child is released to a parent, another authorized pickup person, or the appropriate authorities. Staff will not blame your child for a late pickup or discuss the situation with your child. Staff will discuss it with a parent.

Parents must keep their phone numbers, emergency contacts, and authorized pickup information current. An emergency contact may pick up a child only if that person is also authorized for pickup.

Acknowledgment: I have read and understand the tuition, enrollment, schedule, absence, and late-pickup policies above and agree to the late-pickup policy.

Parent 1 signature (sign after printing):

Parent 2 signature (sign after printing):

Date:

Date:

Financial Liability Agreement

Child's Full Name:

Each adult signing below agrees to pay the tuition and fees disclosed on page 14 and 15, as applicable to the child's location.

Each signer agrees to pay reasonable collection costs, attorney's fees actually incurred in collecting the balance, and court costs, but only to the extent permitted by law.

Parent 1

Full Legal Name:

Date of birth:

Social Security number:

Home / billing address, city, state, ZIP:

Phone:

Email:

Driver's license number:

Employer Name:

Work phone:

Employer address, city, state, ZIP:

Parent 2

Full Legal Name:

Date of birth:

Social Security number:

Home / billing address, city, state, ZIP:

Phone:

Email:

Driver's license number:

Employer Name:

Work phone:

Employer address, city, state, ZIP:

Parent 1 signature (sign after printing):

Date:

Parent 2 signature (sign after printing):

Date:

Policies & Permissions

Select one answer for each statement. Use the space below to share special information about your child.

	Yes	No
I have been informed about and understand all Picket Fence Daycare and Learning Center policies, including tuition and program policies.	☐	☐
I have noted special information about my child in the space below, such as allergies, existing illnesses, or medication prescribed for continuous long-term use.	☐	☐
I/we authorize Picket Fence Daycare and Learning Center to take my/our child on walking trips, field trips, special excursions, and visits to nearby public parks and recreational facilities, including transportation in vehicles owned or leased by the center. All trips will be supervised by center staff, with health and safety precautions taken in accordance with DCFS licensing standards.	☐	☐
I authorize Picket Fence staff to walk my child between the center and school for scheduled before- and after-school care.	☐	☐
I authorize Picket Fence use my child's photographs in Picket Fence materials, including our website, Facebook page, other social media accounts, and brochures.	☐	☐
I permit photographs, slides, video recordings, and audio recordings of my child for educational purposes.	☐	☐
My child has authorization for medical care in an emergency.	☐	☐
I have received a summary of the DCFS licensing standards and other materials designated by DCFS for distribution to parents.	☐	☐

Special information about your child:

Parent signature (sign after printing):

Date:

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Elmwood Park, IL 60707
708-452-4544
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2624 N. Oak Street
River Grove, IL 60171
708-401-4544
708-593-4544 fax
Picketfencerg@gmail.com

Parent Identification Documents

This page is intentionally left blank.

Please attach a copy of each parent’s driver’s license to the end of this application.