



KIDDS PALACE LEARNING ACADEMY

266 Somonauk St. Park Forest, IL 60466 • Ph (708)898-2491 • Fx (708)898-2632

Application/Record of Child Information

Name of Child: _____ Birth Date: _____

Date Child Received: _____ Date Child Left: _____

Parent/Guardian Information

Name: _____ Relationship: _____

Address: _____

Phone: _____ Home Phone: _____

Email: _____

Parent/Guardian Employment Information

Company Name: _____

Company Address: _____

Work Phone: _____

Other Parent/Guardian Information

Name: _____ Relationship: _____

Address: _____

Phone: _____ Home Phone: _____

Email: _____

Parent/Guardian Employment Information

Company Name: _____

Company Address: _____

Work Phone: _____

Parent/Guardian daily schedule

| <i>Monday</i> | <i>Tuesday</i> | <i>Wednesday</i> | <i>Thursday</i> | <i>Friday</i> |
|---------------|----------------|------------------|-----------------|---------------|
| <i>From:</i> | <i>From:</i> | <i>From:</i> | <i>From:</i> | <i>From:</i> |
| <i>To:</i> | <i>To:</i> | <i>To:</i> | <i>To:</i> | <i>To:</i> |

Child's daily schedule

| <i>Monday</i> | <i>Tuesday</i> | <i>Wednesday</i> | <i>Thursday</i> | <i>Friday</i> |
|---------------|----------------|------------------|-----------------|---------------|
| <i>From:</i> | <i>From:</i> | <i>From:</i> | <i>From:</i> | <i>From:</i> |
| <i>To:</i> | <i>To:</i> | <i>To:</i> | <i>To:</i> | <i>To:</i> |

Emergency Contact (In the event the parent(s)/guardian cannot be reached.)

Name: _____ Relationship: _____

Address: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____

Physician to Call if Child Becomes Ill or Injured

Name: _____

Address: _____

Phone: _____

Parent/Guardian Signature

Date

Additional Information (If the Child has any of the following, please explain.)

Medical problem(s): _____

Physical handicap(s): _____

Restrictions for play outdoors: _____

Restrictions for play outdoors: _____

Allergies: _____

Food likes: _____

Food dislikes: _____

Fears: _____

Does the child take naps? Yes No Time: _____ Length: _____

Is the child toilet trained? Yes No

Does the child have special names for objects: (Potty, Cookies, Drinks, etc.) _____

Does the child regularly take medication? Yes No

If yes, what kind and directions: _____

If the child is an infant, what are the feeding instructions? _____

Time(s): _____ Amount: _____ Temperature: _____

Diaper Changes: Powder Ointment Other _____

Other information that will help in caring for the child: _____

Parent Consent

Name of Child: _____

Child Pick-Up

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

1. Name: _____ Relationship: _____

Address: _____

Phone _____

2. Name: _____ Relationship: _____

Address: _____

Phone _____

3. Name: _____ Relationship: _____

Address: _____

Phone _____

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

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

Field Trips

I/we authorize the staff at Kidds Palace Learning Academy to take my child on walking trips, special excursions and nearby park facilities. I/we understand all such trips are under the supervision of responsible staff members and the health and safety precautions are taken in compliance with DCFS standards for licensure. A chartered bus will be used for transportation for all field trips and excursions that are not within walking distance. A permission slip shall be signed prior to each trip using a chartered bus.

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

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

Emergency Medical Care

This authorize the staff at Kidds Palace Learning Academy to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.

_____ is my/our preferred doctor/clinic/hospital.

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

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

Administer Prescription Medicine

I/we authorize the staff at Kidds Palace Learning Academy to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.

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

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

Administer Over-The-Counter Medicine

I/we authorize the staff at Kidds Palace Learning Academy to administer over-the-counter medicine to my/our child as specified in written instructions.

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

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

First Aid

I/we authorize the staff at Kidds Palace Learning Academy to administer First Aid in the event of injury.

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

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

Cardiopulmonary Resuscitation (CPR)

I/we authorize the staff at Kidds Palace Learning Academy to perform CPR in the event of life saving emergency.

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

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

Grace and Prayer Waiver

I/we permit my/our child to say grace/prayer during mealtimes.

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

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

Photography/Video

I/we give permission to the staff at Kidds Palace Learning Academy to photograph/video my child for reasons of media, T.V. and/or advertisement.

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

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

Guidance and Discipline

In situations where children display inappropriate behavior, the guidance and discipline policy will be implemented. This policy will promote self-control, independent decision-making, respect, and accountability.

The policy is as follows:

1. Firm but positive statements about the behavior.
2. Redirection (turning their focus towards another activity).
3. Removal from the group 1 minute per age (this does not apply for ages 24 months and under).
4. Setting limits that are clear, age appropriate, and understandable.
5. Discussions about behavioral acts and consequences.

This guidance and discipline policy will be the responsibility of the adults who have an on-going relationship with the child to ensure positive growth and development. If the behavior or the child constantly continues and/or becomes a disruption to the classroom the following will be the procedure. A documentation of this procedure will be placed in child's file as they occur.

Initial Warning: The teacher will inform the director. The director will inform the parent in writing of the behavior. The written notice will include the behavior displayed, actions that have been taken to correct the behavior, and suggest ways to correct the behavior.

Second Warning: The director will call the parent(s) to set up a meeting time to discuss the child's behavior.

Final Warning: The director will the parent(s) to set a meeting time. During the meeting the director, parent(s) and teacher will be present and collectively discuss the child's behavior and review all actions that have taken place. If at this meeting time no conclusion to the behavior can be met, the child will be dismissed. LLC may assist in finding other childcare.

When a behavior plan has been made for a child in order to correct behavior problems, the entire staff will be aware of the plan in order to ensure consistency and stability for the child. If professionals provide a plan, it will be documented in the child's file. The entire staff will receive training on how to positively implement the professional plan.

***** NO CHILD SHALL BE DISCIPLINED FOR TOILET ACCIDENTS*****

Kidds Palace Learning Academy will NOT use the following for discipline:

1. Corporal punishment (hitting, spanking, swatting, beating, shaking, pinching and other measures intended to inflict or induce physical pain or fear)
2. Threaten or actual withdrawal of food, rest, use of bathroom or outside activities.
3. Abusive or profane language.
4. Any form of public or private humiliation, including threats of physical punishment.
5. Any form of emotional abuse (shaming, rejecting, terrorizing, or isolating a child).

Signature: _____ Date: _____