



### **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 Wise Owl, 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.

Saint Mary of Nazareth Hospital Center - 2233 W. Division St Chicago, IL, 60622

\_\_\_\_\_  
(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**

Wise Owl has permission to release my child to the following in the case that the parents are unavailable to pick up for any reason. If a child is not picked up by school closing time, Wise Owl has my 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 Wise Owl 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 Wise Owl's Parent Handbook.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

### **WALKING FIELD TRIPS AND EXCURSIONS**

Wise Owl may take walks, visits, trips, and excursions. If we do walking field trips or bus transportation field trips, we will require special permissions for those circumstances. Permission to participate is required.

I give permission to Wise Owl to take my child on outings as listed, understanding that special permissions will be asked ahead of any field trips/excursions.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

### **PHOTO RELEASE**

Wise Owl has 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 Wise Owl to use photographs of my child for school purposes and/or at school events.

\_\_\_\_ No, I do not authorize Wise Owl to use photographs of my child for any event.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

### **TOPICAL NON-PRESCRIPTION MEDICAL**

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

\*Sunscreen 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 Wise Owl 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 \_\_\_\_\_, Wise Owl 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 Enrollment Fee
- ☐ Annual Fee of \$70 (single child) or \$100 (multiple children) due every March after enrollment.
- ☐ Copays are due every 1st of the month for CCAP families \$\_\_\_\_\_
- ☐ Weekly/Monthly Amount Paid for Private Pay families \$\_\_\_\_\_
- ☐ Late pick up fee \$15, plus \$1 a minute after our closing time
- ☐ CCAP Only Families \$150 (single child) or \$250 (multiple children) added to monthly copay

Tuition is paid weekly 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)





# What Is ASQ-3™?

**ASQ-3** is a set of questionnaires about children's development. It has been used for more than 20 years to make sure children are developing well. A screening provides a quick look at how children are doing in important areas, such as communication, physical ability, social skills, and problem-solving skills. ASQ-3 can help identify your child's strengths as well as any areas where your child may need support.

As a parent or caregiver, you are the best source of information about your child. That's why ASQ-3 questionnaires are designed to be filled out by you. You will only need 10–15 minutes. It's that quick and easy. Here's how ASQ-3 works:

- You will answer each question "yes," "sometimes," or "not yet," based on what your child is able to do now. Your answers help show your child's strengths and areas where he or she may need practice.
- To answer each question, you can try fun and simple activities with your child. These activities encourage your child to play, move around, and practice day-to-day skills.
- After you complete the questionnaire, a professional will share the results with you.

If your child is developing without concerns, there is nothing more you will need to do. You may try the next ASQ-3 age level as your child grows and learns new skills. There are 21 questionnaires that you can use with children from 1 month to 5½ years old. If your child has trouble with some skills, your program will help you with next steps. Finding delays or problems as early as possible supports young children's healthy development.

You are an active partner in your child's learning and development. By completing ASQ-3 questionnaires, you are making sure your child is off to the best possible start!

To find out more, please talk to your health care or education professional, or visit [www.agesandstages.com](http://www.agesandstages.com).

Ages & Stages Questionnaires®, Third Edition (ASQ-3™), Squires & Bricker.  
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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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## **CHILDS FACTS SHEET**

If the child has any of the following, please explain:

Medical conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Likes: \_\_\_\_\_

Food dislikes: \_\_\_\_\_

Fears: \_\_\_\_\_

Does your child take a nap? \_\_\_\_\_ Time \_\_\_\_\_ Length \_\_\_\_\_

What helps your child take a nap? \_\_\_\_\_

Current status on potty training: \_\_\_\_\_

Has your child attended day care before? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Does your child have any siblings? If yes, names and ages \_\_\_\_\_

If yes, names and ages: \_\_\_\_\_

Does your child have any pets? \_\_\_\_\_ if yes, names: \_\_\_\_\_

Does your child regularly take medication? \_\_\_\_\_, Medication name \_\_\_\_\_

### **Infants only**

Your child drinks, breast milk or formula

Name of formula \_\_\_\_\_, oz \_\_\_\_\_ every \_\_\_\_\_ hrs

Does your child use a pacifier? Yes or No

Any other information you would like us to know: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_