

Enrollment Application

Chicago Latvian Childcare and Preschool

Child's Name: _____ **Birth date (mm/dd/yy):** _____

Nickname or preferred name: _____

Address: _____	
Home phone: _____	Cell phone: _____
Home Email address: _____	Fax number: _____

Gender: Male Female

Language ability:	Latvian	English
	<input type="checkbox"/> Not yet speaking	<input type="checkbox"/> Not yet speaking
	<input type="checkbox"/> Understands and speaks a little	<input type="checkbox"/> Understands and speaks a little
	<input type="checkbox"/> Understands and speaks fluently	<input type="checkbox"/> Understands and speaks fluently

Other languages spoken at home: _____

SCHEDULE

*Any change to the schedule must be turned in on the first of the month and will be effective on the first of the following month (i.e. changes for October must be submitted by September 1st, etc.). **Change of days or time cannot be guaranteed but will be made on a space available basis.***

Select the days your child will attend Stariņš:	
Full day (8:00-6:00)	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri TOTAL # of days: _____
I agree to have my child attend Stariņš on beginning date of: _____.	

PARENT/GUARDIAN INFORMATION

Marital status:	Married: <input type="checkbox"/>	Divorced: <input type="checkbox"/>
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Name of mother : _____		
Address: _____		
Home phone: _____	Work phone: _____	Cell phone: _____
Email address: _____	Fax number: _____	
Place of employment: _____	Work hours: _____	

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Name of **father**: _____
Address: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Email address: _____ Fax number: _____
Place of employment: _____ Work hours: _____

Name of **guardian** other than parent: _____
Address: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Email address: _____ Fax number: _____
Place of employment: _____ Work hours: _____

AUTHORIZED PICK UP INFORMATION **persons who are allowed to pick up your child*

Name: _____
Address: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Email address: _____ Fax number: _____
Place of employment: _____

Name: _____
Address: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Email address: _____ Fax number: _____
Place of employment: _____

Name: _____
Address: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Email address: _____ Fax number: _____
Place of employment: _____

Name: _____
Address: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Email address: _____ Fax number: _____
Place of employment: _____

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Is there anyone who has a legal restraining order prohibiting or limiting contact with your child?

Yes No If YES, please list his/her name and attach the required documentation.

Name: _____ Relationship to child: _____

MEDICAL INFORMATION

Our first commitment is to the children enrolled in Stariņš. The ability to serve your child in the best possible manner is dependent upon you providing us with accurate health and development information on your child. Please be thorough when completing this section.

Allergies: _____

Child's physician: _____ Phone: _____

Address: _____ Insurance: _____

Does your child have any of the following (please check any that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Frequent sore throats | <input type="checkbox"/> Frequent ear infections |
| <input type="checkbox"/> Skin disorders | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Stomach upsets |
| <input type="checkbox"/> Urinary difficulties | <input type="checkbox"/> Frequent constipation | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Other: _____ | | |

Comments:

Has your child been diagnosed with any of the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Language delay | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Development delays |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Vision impairment | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Behavior Issues | <input type="checkbox"/> Other: _____ | |

Comments:

PERSONAL INFORMATION

Just as health information is important to us to provide the best care for your child, other personal information and life experiences can help us to get to know your child better.

Is this your child's first experience in a preschool? Yes No

If no, please describe your child's previous group play experiences? _____

What do you hope that your child will gain from her/his experiences at Stariņš? _____

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Brothers and Sisters of Child:

Name:	Age:	Date of birth:
Name:	Age:	Date of birth:
Name:	Age:	Date of birth:

Other members of the household: _____

What time does your child go to bed? _____ Awaken? _____

Does your child sleep through the night? Yes No

What is your child's bedtime routine? _____

Does your child nap? Yes No For how long? _____

Is your child toilet trained? Yes No Comments: _____

How does your child let you know when s/he needs to use the bathroom? _____

Does your child need toileting reminders? Yes No If YES, how often? _____

Please describe any current issues or difficulties you are having with your child regarding toileting:

Does your child dress him/herself? Yes No Working on it

What foods does your child especially like? _____

Dislike? _____

Favorite activities? _____

When your child is upset, what works to comfort him/her? _____

How does your child express anger/frustration? _____

How do you discipline your child at home? _____

Does your child have any specific fears? Please explain: _____

Any other information that you want us to be aware of? _____

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EMERGENCY CONTACTS *Persons to be contacted in case of an emergency other than parents or guardian:

Name: _____
Address: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Email address: _____ Fax number: _____
Place of employment: _____

Name: _____
Address: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Email address: _____ Fax number: _____
Place of employment: _____

DIRECTOR'S NOTES:

Date enrolled: _____ Date discharged: _____
Director's Signature: _____ Date: _____

For Office Use Only:

Monthly Rate _____
Other _____
Total Rate per month = _____

Comments: _____

PARENT SIGNATURE: _____

DATE: _____

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PARENT AGREEMENT

You may not cross out, change or otherwise alter this agreement.
This is a legal document.

I have received, read and will follow all of the *Chicago Latvian Childcare and Preschool* policies and procedures as outlined in the Parent Handbook, including all discipline policies of CLCP.

CLCP reserves the right to discontinue a child's enrollment. Reasons for termination include but are not limited to the following:

1. Non-payment of tuition fees by due dates.
2. Physical or emotional issues which require supervision beyond the program. Five days' notice will be given to parents before a child is dismissed from the program except in extreme circumstances.
3. Failure by the parent or child to comply with the policies and procedures established by CLCP.
4. Failure to notify the center, in advance, of non-scheduled absences.
5. False information of not fully disclosing important information regarding your child (health issues, developmental issues, etc.).

I grant permission to CLCP to contact any individuals listed in this form on pg. 3 (i.e. physician, therapists, etc.) for any additional relevant health information regarding my child. I understand that I will be notified, in advance, of anyone being contacted regarding my child.

In the interest of making sure my child is picked up only by authorized individuals, I have provided current names and phone numbers of those individuals who are allowed to pick up my child on the enrollment form. I will keep updated information on file with the Director of CLCP.

I will call the center by 8:30 am (on the day of absence) in the event that my child will not be in attendance.

Children are discouraged from bringing toys from home. In the event that they do, I understand that the CLCP cannot accept responsibility for the damage of those items. **Toy weapons of any kind are prohibited.**

The CLCP, its staff and board make no warranty and can accept no responsibility of liability for the actions of any of its employees, agents or other related individuals outside of the agreed hours of operation of the center or when, in the case of employees and agents, they are not actively working for CLCP.

I grant permission for my child to use all of the play equipment and participate in all of the activities of the center throughout the year, inside and outside. I grant permission for my child to be a part of off-site field trips.

I grant permission for my child to be treated with general first aid measures, if necessary. In the case of a serious medical emergency, I give the CLCP staff permission to contact the nearest hospital. I have read the policies and procedures on illness and distribution of medication in the CLCP Parent Handbook. I have submitted the required medical forms for my child.

I grant permission for my child to be included in photographs, videos and musical recordings connected SOLELY with the child care/preschool program. I grant permission for my child's work to be assessed by the CLCP staff. I grant permission for my child's work to be shared with others for professional and research purposes.

The CLCP will not be responsible for anything that may happen as a result of a lack of and/or false information given by parent(s) or guardian(s) at time of enrollment.

All of the information I have provided is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Date a copy of this agreement was given to Parent/Guardian: _____ Initials: _____

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TUITION AGREEMENT

*You may not cross out, change or otherwise alter this agreement.
This is a legal document.*

Please initial

Tuition is due on the 1st of each month. _____

Payments are recorded on the date the check is **received**. Post dated checks are not acceptable. If fees are not received by the 1st of the month, a **\$40.00 late fee** will be charged to my account. If fees are not paid in full by the 10th of the month my child's enrollment may be terminated. _____

All tuition payments are to be made to **Chicago Latvian Childcare and Preschool** and given to the Director or placed in the tuition box in the sign in area. If I do not receive my monthly statement, it is my responsibility to call or ask the Director for the correct amount received. _____

If a child is dropped off earlier than the time his/her program is scheduled to begin, there is a **\$1.00 per minute early drop-off fee**. If a child is picked up after the time of his/her program is scheduled to end, the late pick-up fee is **\$15.00 for the first 1-15 minutes and \$1.00 per minute for every minute thereafter**. This payment must be made at the time of pick-up or it will be added to my child care account. Failure to pay these charges may result in termination of enrollment. _____

A minimum of **30 days written notification** must be given for withdrawal from the program. Tuition will accrue for 30 days from the date written notice is received. _____

In the event that there is an overdue balance on my account and it has been sent to a collection agency, all court costs, collection fees, interest fees and filing fees will be paid by the parent or legal guardian. _____

I understand and accept that there is no credit for absences and scheduled days that the center is closed. I understand that there is a one time, non-refundable registration fee of \$200.00 due at the time of enrollment. _____

All fees are subject to change. _____

I have read and accept the conditions outlined in the **Parent Handbook**, the **Parent Agreement** and the **Tuition Agreement**. _____

Signature: _____ **Date:** _____

Date a copy of this agreement was given to Parent/Guardian: _____ **Initials:** _____