



**EXPLORA**  
**LEARNING CENTER**

**REGISTRATION  
FILE**



## Child Information



Child's Name \_\_\_\_\_  
Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

## Parents / Legal Guardians Information

Father's Name	_____	Mother's Name	_____
Home Phone #	_____	Home Phone #	_____
SSN#	_____	SSN#	_____
Home Address	_____	Home Address	_____
Occupation	_____	Occupation	_____
Employer	_____	Employer	_____
Work Zip Code:	_____	Work Zip Code:	_____
Working Hours:	_____	Working Hours:	_____
Business Phone#	_____	Business Phone#	_____
Cell Phone#	_____	Cell Phone#	_____
E-Mail:	_____	E-Mail:	_____

Marital Status: Married    Separated    Divorced    Widowed    Single Parent

## Attendance Schedule

PLEASE PLACE A CHECK MARK IN FRONT OF THE APPROPRIATE SCHEDULE AND THE APPROPRIATE DAYS.

- Full Time     Monday
- Part Time     Tuesday  
 Wednesday  
 Thursday  
 Friday

## CHILD'S PHYSICIAN INFORMATION:

Name: \_\_\_\_\_  
Hospital Affiliation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone#: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Card

Child's Name: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Age Group: \_\_\_\_\_ Medications: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Last DPT: \_\_\_\_\_  
Address: \_\_\_\_\_ Hospital: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Other Medical Info: \_\_\_\_\_

### Parent(s)/Guardian(s):

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Work# \_\_\_\_\_ Work# \_\_\_\_\_  
Home# \_\_\_\_\_ Home# \_\_\_\_\_  
Mobile# \_\_\_\_\_ Mobile# \_\_\_\_\_

### Relative or Friend Alternate:

Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Name: \_\_\_\_\_ Phone# \_\_\_\_\_

### Physician Information:

Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_

### MEDICAL CONSENT

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, hereby authorize Explora learning center by and through its officers, agents, or employees to remove the above minor child from its premises for the purpose of obtaining emergency medical treatment if the need so arises. I authorize Explora learning center to contact 911 and request medical assistance in the event of an emergency. I further agree that The Explora learning center is hereby authorized to procure whatever emergency medical treatment that may be necessary, either through a duly licensed physician, dentist and/or a duly accredited hospital or clinic. It is also understood that I will hold Explora learning center harmless for the nature, performance, and outcome of any such emergency medical treatment and that the determination of whether and emergency has arisen within the terms of this agreement shall be left to the sole discretion of The Explora learning center

I hereby give permission to Explora learning center to administer prescribed and over-the-counter medicine to my child as specified in the written prescription's directions for administration.

I hereby give my permission for Explora learning center to contact my pediatrician for any information needed about my child, and to authorize my pediatrician to release such information to Children's Land.

Signature Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Contacts:

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, hereby authorize Children's Land staff in case of emergency, to contact people listed below if I cannot be reached:

Name:	
Relationship:	
Phone #:	
Address:	

Name:	
Relationship:	
Phone #:	
Address:	

Name:	
Relationship:	
Phone #:	
Address:	

Name:	
Relationship:	
Phone #:	
Address:	

Name:	
Relationship:	
Phone #:	
Address:	

Name:	
Relationship:	
Phone #:	
Address:	

Signature Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## Family Profile Form

Have there been any recent family changes (if yes, please check and list date):

Moves \_\_\_\_\_ Date/s \_\_\_\_\_      New Job \_\_\_\_\_ Date/s \_\_\_\_\_  
New Hours \_\_\_\_\_ Date/s \_\_\_\_\_      New Baby \_\_\_\_\_ Date/s \_\_\_\_\_  
Serious Illness \_\_\_\_\_ Date/s \_\_\_\_\_      New Caregiver \_\_\_\_\_ Date/s \_\_\_\_\_  
Family Death \_\_\_\_\_ Date/s \_\_\_\_\_      Loss of Pet \_\_\_\_\_ Date/s \_\_\_\_\_  
Other Loss \_\_\_\_\_ Date/s \_\_\_\_\_      Other \_\_\_\_\_ Date/s \_\_\_\_\_

What was child told about family changes? \_\_\_\_\_

How did she/he react? \_\_\_\_\_

### General Health

**Allergies (if yes, please list all):** \_\_\_\_\_

Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Eating Difficulties \_\_\_\_\_

Ear infections    Yes    No    How often? \_\_\_\_\_    Fluid?    Yes    No    Does  
your child take medication regularly?    Yes    No

Describe \_\_\_\_\_

Any special instructions? \_\_\_\_\_

Has your child ever experienced: (Give type/reason and date)

Serious Illness    Type/Reason \_\_\_\_\_    Date \_\_\_\_\_

Hospitalization    Type/Reason \_\_\_\_\_    Date \_\_\_\_\_

Surgery    Type/Reason \_\_\_\_\_    Date \_\_\_\_\_

Accident    Type/Reason \_\_\_\_\_    Date \_\_\_\_\_

Injuries    Type/Reason \_\_\_\_\_    Date \_\_\_\_\_

### Help Us Get to Know Your Child Better:

1. What foods does your child like?
2. What foods does your child dislike?
3. Does your child have any specific fears?
4. Does your child have any specific needs?
5. Has your child ever been in a pre-school/daycare setting before?
6. How do you discipline your child?
7. Is your child potty trained?
8. By what name do you call your child at home?

### Eating Lifestyle:

Vegetarian    Vegan    Kosher    Diabetic    No Special Diet    No Milk    No Eggs    No Nuts

Other Important Dietary Information: \_\_\_\_\_

## LIST OF PERSONS AUTHORIZED TO PICK UP THE CHILD REGULARLY

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, hereby authorize people listed below to pick up my child:

Name:	
Relationship:	
Phone #:	
Address:	

Name:	
Relationship:	
Phone #:	
Address:	

Name:	
Relationship:	
Phone #:	
Address:	

Name:	
Relationship:	
Phone #:	
Address:	

Name:	
Relationship:	
Phone #:	
Address:	

### ARRIVAL AND DEPARTURE POLICY

Explora learning center, Inc. day care center is open Monday through Friday from 7:00AM to 6:00PM. Parents are responsible for the safe arrival of their child and must bring their child in the classroom area to the staff. Children may not enter the building unattended. When picking up children, parents will receive them from the staff. Parents are expected to observe the 6:00PM closing time. The late pick up fee will be applied to your monthly bill: \$10.00 for every 10 minutes that you are late. At that hour, staff members are eager to resume their personal lives after a very busy day. If your child is to be picked up by someone other than yourself or other authorized person, we must have a note stating with whom the child is to go. Under no circumstances will a child be released to a person who has not been authorized. This is for your child's safety. Persons not known to the staff may be required to provide a driver's license or some other type of photo identification to establish their identity.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION FORM FOR ATHLETIC ACTIVITIES AND DANCING

I agree to my child's participation in any school athletic activities such as but not limited to running, playing games, using outdoor and indoor athletic equipment. This will also include up to 1 hour as much as three times a week of an aerobic/dancing exercise session. In consideration of any reasonable precaution being taken by the school staff to ensure the safety and well – being of the child. I hold employees and officers harmless of any potential injuries or claims.

I hereby give my permission to administer first aid to my child. In case of emergency, the Children's Land, Inc staff will promptly contact the paramedics to treat and transport my child to the nearest hospital, then attempt to contact the parent(s).

I hereby give permission to the hospital's selected physician to administer emergency services. In case of an emergency and I cannot be reached, you may contact:

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## PERMISSION FORM FOR PHOTOS, FILM, VIDEOS, AND FIELD TRIP

I agree to my child's participation in any school photo taking, film, and videos. In consideration for any reasonable precaution being taken by the school staff to ensure the safety and well – being of the child. I hold employees and officers harmless of any potential injuries or claims.

During a field trip I hereby give my permission to administer first aid to my child. In case of emergency, the Explora learning center staff will promptly contact the paramedics to treat and transport my child to the nearest hospital, then attempt to contact the parent(s).

I hereby give permission to the hospital's selected physician to administer emergency services. In case of an emergency and I cannot be reached, you may contact: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Sickness Policy

1. Children cannot come to school if they are less than 24 hours free of vomiting, diarrhea and fever.
2. Children cannot come to school with heavy discharge from noses, pink eye, and any kind of rash on the body.
3. Children, who come to school with symptoms listed above, will be sent home.
4. Medication, both prescription and non- prescription, will be accepted only in its original container.
  - a) Prescription medication shall be labeled with the full pharmacy label. Medication will be administered as required by a physician, subject to the receipt of appropriate releases from parents (Administer Medicine form).
  - b) Over the counter (non-prescription) medication shall be clearly labeled with child's first and last name. The container shall be in such condition that the name of the medication and the directions for use is clearly readable. It will be administered in accordance with manufacturer's instructions when provided by the parents with written permission (Administer Medicine form).
5. Children cannot return to the center until they are free of their illness without medication for 24 hours.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PARENT-PROVIDER CHILD CARE CONTRACT

## 1. The following contract is between:

Mother/legal guardian \_\_\_\_\_

Father/legal guardian \_\_\_\_\_

School name \_\_\_\_\_

for the care of: \_\_\_\_\_

Child's name and birth date

Starting date of this contract \_\_\_\_\_ Ending date of this contract \_\_\_\_\_

## 1. Standard Rates and Payment Policies: *Payment is due weekly, bi-weekly, monthly*

Registration fees are not refundable. Does not apply as discount or part of payment to any other fees.

### Payment Policy:

- Payments must be made NO LATER than the first day of attendance, and:
  - Weekly \ Bi-Weekly payments must be made each Thursday for the following week/s of attendance.
  - Monthly payments must be made no later than the 10th of the month.
- A late fee of \$25 per week will be added to any account that payment has not been made on time.
- If a payment is not made by the first day of attendance of the following week daycare services will be terminated until the account is paid in full.
- Re-enrollment into the Center will be based on the availability of spots and will require a new registration fee to be paid.
- Parents applying for the Action for Children will be charged full tuition until the application is approved.  
Once the Center is reimbursed by the Action for Children, your account will be credited.
- The balance between the tuition and the anticipated Action for Children reimbursement must be paid monthly following the general tuition payment rule. When reimbursement checks are received by the center, your balance will be adjusted accordingly.

Explora learning center reserves the right to change Tuition with a 30 Days' notice to parents.

- In case a parent decides to terminate the contract, the provider must get a 2 week written notice. If the parent/guardian fails to provide the termination notice, the provider will report the parent/guardian to collection agency with payment due, for the period that child was absent plus the two weeks.

## 3. Rates for holidays, absences, vacations, overtime:

Care will not be provided, but payment is due, on the following holidays when they occur on a day the child(ren) is/are regularly scheduled for care:

New Year Day. Memorial Day. Independence Day. Labor Day. Thanksgiving Day. Christmas Day.

If a student is absent, the tuition charge for the first week of absence will be 90% of the regular rate. The charge for the second week of absence will be 50% of the regular rate. If a child needs to be absent for longer than two weeks, please discuss the matter with Director of the Center.

The Provider must be notified by 8:00 am if the child/ren will be absent for that day.



**Payment for absences:**

To insure your child's spot Explora learning center requires full tuition for the time of holidays, sick and vacation time. If you are planning a vacation, the tuition needs to be paid prior to leaving. Unpaid tuition could result in forfeiture of your child's spot in his/her classroom. Payment for vacation time is due one week prior to vacation for entire vacation time. If payment is not received by the provider, the child(ren)'s place in the center will be terminated. This policy is standard with the most reputable childcare centers in the area and reflects the center's ongoing operating expenses.

**4. Termination:**

This contract may be terminated by either parent / guardian or the provider by giving 2 weeks written notice. The provider may terminate the contract without notice if the parent / guardian is over 2 week(s) late with scheduled payments. The provider has a right to place the parent/guardian for collection.

If a parent/guardian applies for financial assistance from Action for Children, they will be required to pay the difference between the provider's charges and the financial assistance received. If a parent/guardian decides to terminate their contract with us, they must provide a written notice at least 2 weeks in advance. If the required notice is not provided, the provider will report the parent/guardian to a collection agency for payment for the time that the child was absent.

By signing this contract, all parties agree to all the above terms and policies, including financial responsibility for care provided. Policies are subject to change at the provider's discretion. The provider is responsible for giving / sending all signers a copy of this signed contract.

Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Mother /  
Legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_ Father / Legal  
guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BIRTH CERTIFICATE AND MEDICAL FORM

- BIRTH CERTIFICATE: Per state law a copy of your child's birth certificate is needed for enrollment to our childcare center. We will not be able to enroll your child, until the birth certificate is received.
- MEDICAL FORM (State of Illinois Certificate of Child Health Examination): Parent / guardian must supply a current medical form, completed by the child's doctor, and updated every other year.

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### Parent Policy Handbook Receipt

The Parent of \_\_\_\_\_

I have received, reviewed, and agree with the Children's Land Learning Center Parent Policy Handbook.

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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CFS 581  
Rev. 12/2000

State of Illinois  
Illinois Department of Children and Family Services

**VERIFICATION OF RECEIPT**

I/WE, \_\_\_\_\_  
Please Print Name(s)

parent(s) of \_\_\_\_\_, hereby certify that I/we have  
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.**