

CCSD 62 Early Learning Center
SPARK Early Childhood Programs
Extended Day Kindergarten

Ext. Day Kdg.
2022-2023

Child's Name _____ Primary Phone Number _____
Child's Nickname _____ Date of Birth _____
Address _____ Apt. _____ Male _____
City _____ IL, Zip _____ Female _____
E-Mail Address _____ School _____

Parent/Guardian Information

Mother's Name _____ Father's Name _____
Step Parent's Name (if applicable) _____ Language _____
Guardian's Name (if applicable) _____
Custodial Parent (if applicable) _____

Employment Information

Work Phone

Cell Phone

Mother's Employer _____
Father's Employer _____
Other _____

Forest ELC

Forest ELC

_____ Ext. Day Kdg. 9:00-1:00 (5 days)
\$390.00/month

_____ Ext. Day Kdg. 11:30-3:30 (5 days)
\$390.00/month

****Will your child be attending Right at School?**

_____ Before and/or _____ After

M__T__W__R__F__ (please check days attending)

(For teacher information only)

Starting Date: _____

Registration fee is \$50.00 per family. THE REGISTRATION FEE IS NON-REFUNDABLE and must accompany this registration. Make checks payable to District 62. PLEASE NOTE: THERE IS NO CREDIT FOR NON-ATTENDANCE, LATE ARRIVALS, OR EARLY PICK-UP. THERE IS NO BUS SERVICE PROVIDED FOR ANY SPARK PROGRAM. (Shuttle bus for EDK is an exception). For families with more than one child actively participating in a SPARK program, a 10% discount will be given.

****Any registration form printed from the website must be hand delivered to the ELC office. Registration for any SPARK program is subject to availability and residency requirements. Proof of birth and residency required.**

Name of child: _____

AUTHORIZATION FOR PICK-UP (PLEASE PRINT NAMES)

1. (Mother) _____ 2. (Father) _____

3. (Step-parent) _____ Language Spoken _____ Phone _____

4. (Other) _____ Language Spoken _____
Relationship _____ Phone() _____

5. (Other) _____ Language Spoken _____
Relationship _____ Phone() _____

The above people are authorized to pick up my child. **X** _____
(Signature of Parent/Guardian)

In case of emergency (other than yourself), contact:

Name: _____ Home phone () _____
Physician's Name: _____ Work phone () _____
Dentist's Name: _____ Phone () _____
Phone () _____

1. Emergency Treatment and Transportation Permission: In case of accident or injury, I hereby give my permission for emergency treatment and transportation.

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

2. Is your child on daily medication? _____ If yes, state name of medication and reason for taking it.

3. Does your child have any allergies? _____ If yes, please list them: (please provide your doctor's allergy plan): _____

4. Important Information: Please list any information that we should be aware of concerning your family situation that might affect your child.

5. Photos: Pictures may be taken at programs and may be used for bulletin boards, scrapbooks or publicity. If you do not wish to grant photo permission, please state "No", otherwise we will assume permission is given. _____

6. Walking Field Trips: Walking trips around the school grounds or around the block may be taken on occasion.

I hereby give permission for my child to take walking trips. Signature: **X** _____

7. Tuition: Tuition is paid in advance. **Delinquent payment is cause for dismissal. There is no credit given for non-attendance (including sickness & vacations), late arrivals or early pick-ups.** A two-week advance notice must be given for withdrawal from the program or any change of hours request. **I have read this application and understand I am responsible for the fees related to the sessions I have checked off on the front of this application. If fees are 30 days late, my child will be dropped from the program.**
_____ (Please initial)

9. The SPARK program is a service offered to CCSD 62 residents only. If families move out of district during the school year, their child/ren cannot continue in the SPARK program. _____
(Please initial)

10. If there are concerns with your child's current functioning (e.g. academic, behavioral, developmental) we reserve the right to request an evaluation.

11. Payment status needs to be current for the 2021-2022 school year to register for the 2022-2023 school year. All documents required for your child to be enrolled in the program (including proof of residency and birth) must be submitted within 30 days of registration to ensure your child's placement. _____

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

For Office Use Only

Date Rec'd: _____ Amt. Rec'd: _____ Cash: _____ Check #: _____ Credit Card: _____

Community Consolidated School District 62
SPARK Program
847-824-1065
Early Childhood Programs Questionnaire

School Data:

Child's Name: _____ Date of Birth: _____ Sex: _____

If your child is attending kindergarten, please indicate his/her home school:

In order to be sensitive to the cultural diversity of families, are there any cultural or religious preferences of which we should be aware?
What language is spoken in the home?

Will you need a translator when interacting with teachers? _____yes _____no

Does your child have any siblings? Please list names and ages:

Social Experiences:

1. What are your child's strengths? _____
2. What are your child's weaknesses? _____
3. Has your child attended any other nursery center or daycare center?
If so, which one? _____ For how long? _____
4. Would you say your child is a leader or a follower? _____
5. What activities does your child enjoy outdoors? _____
6. What activities does your child enjoy indoors? _____
7. Does your child enjoy books?
8. Do you read to your child? _____ How often? _____
9. Is your child able to remember songs or rhymes? _____
10. Has your child had experiences with paints and crayons? _____ Scissors? _____
11. Does your child select the clothing he/she wears? _____ Dress themselves?
12. Please check the items your child can do:
button _____ ties shoes _____ snap _____ zip _____ lace shoes _____ fasten _____
13. Does your child look forward to holidays? _____ Favorite? _____
14. What holidays do you celebrate in your home? _____

Development:

1. Does your child have any health problems the center should be aware of? _____
If so, what?

2. Does your child have any limitations in the following areas? Please describe.

- Hearing impaired
- Physically impaired
- Learning disabled
- Speech and/or language impaired
- Visually impaired
- Behaviorally challenged _____

3. Is your child or a sibling receiving or has received any special education intervention? If yes, please describe.

4. Does your child have any food allergies? _____ If so, what?

How severe? _____ Do we need a plan? _____

5. Is your child able to print his/her name?

6. Is your child aware of dangers such as fire, electricity, traffic, and strangers?

7. Is your child able to be in a new or strange situation without an undue show of fear?

8. What kind of problems do you have most often with your child?

9. In what area(s) does your child need the most guidance?

10. What discipline techniques work best with your child?

11. Can your child take care of his/her own toilet needs?

12. Does your child wet the bed:

13. Is your child prone to separation anxiety? Never Occasionally Only rarely
this in the past? _____ Has your child had a problem with

14. Does your child have any fears? _____

15. What best describes your child? _____

School Adjustment:

1. What do you expect your child to acquire through the SPARK Program?

2. What else would you like your child's SPARK teacher to know about your child?

3. When is the best time to meet with you?

Additional comments:

Remember:

You are your child's first and most important teacher. Because of this, the SPARK staff welcome and value your input concerning your child.

In order to help the staff best meet the emotional needs of your child, keep them posted about any major events that may affect your child, i.e. the birth of a baby, change in marital status, the move to a new house, the death of a grandparent or pet, etc. Your confidentiality will be respected at all times.