



Des Plaines School District 62
Early Learning Center

Extended Day Kindergarten
Early Learning Center
1375 S. Fifth Ave.
Des Plaines, IL 60018
Phone: (847)824-1065 Fax: (847)824-8225

February 2023

Dear Parents,

It is time to register your child for kindergarten. You are about to begin a wonderful journey with your child as he/she grows and develops through the grades. Kindergarten is an exciting educational adventure filled with new and challenging academic, social, and personal growth experiences. The Extended Day Kindergarten offers parents an opportunity to extend those experiences beyond the half-day kindergarten program.

Extended Day Kindergarten (EDK) provides the student with a full day of appropriate kindergarten level academic experiences. The EDK program is designed to enhance the district's curriculum and address the state learning standards for kindergarten. Before and After school programs are offered by Right at School (rightatschool.com) for those parents whose work or personal schedules require the extra childcare.

Sincerely,

Margie Beniaris
Director
Early Learning Center

Child's Name: _____

Please check time and days you want your child to attend.

FOREST ELC

FOREST ELC

_____ Extended Day Kindergarten AM
9:00-1:00 (5 days) \$390.00/mo

_____ Extended Day Kindergarten PM
11:30-3:30 (5 days) \$390.00/mo

**Before and After School (7-9/3:30-6) is provided by Right at School.
rightatschool.com or 855-287-2466

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. 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 is subject to availability and residency requirements. Proof of birth and residency required.

AUTHORIZATION FOR PICK-UP

1.Name: _____ 2.Name: _____

Relationship to Child _____ Relationship to Child _____

Phone number: _____ Phone number: _____

3.Name: _____ 4.Name: _____

Relationship to Child _____ Relationship to Child _____

Phone number: _____ Phone number: _____

The above people are authorized to pick up my child.

X _____
Signature of Parent/Guardian Date

Des Plaines Community Consolidated School District 62
Student Registration Form 2023/2024 - Please Print

STUDENT INFORMATION

Last Name: _____	First Name: _____	Sex: _____
School: _____	Grade: _____	Birthdate: _____
Last Name: _____	First Name: _____	Sex: _____
School: _____	Grade: _____	Birthdate: _____
Last Name: _____	First Name: _____	Sex: _____
School: _____	Grade: _____	Birthdate: _____

PARENT/GUARDIAN LIVING WITH STUDENT

Name: _____

Circle person student lives with: Both Parents Mother Father Mother/Stepfather Father/Stepmother Other

Address: _____ Apartment # _____

City: _____ State: _____ Zip Code: _____ Primary Phone: _____

MOTHER INFORMATION

Last Name: _____

First Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Text messaging: Yes _____ No _____
(standard text messaging rates may apply)

E-Mail Address: _____

Employer

Employer Name: _____

Work Phone: _____

FATHER INFORMATION

Last Name: _____

First Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Text messaging: Yes _____ No _____
(standard text messaging rates may apply)

E-Mail Address: _____

Employer

Employer Name: _____

Work Phone: _____

STUDENT MEDICAL INFORMATION

Family Physician Name: _____

Physician Phone: _____

In case of emergency, I give the school authorities permission to call the local doctor named above, or any available doctor if the above is unavailable. I also give such doctor permission to take the necessary emergency measures.

Medical Comments: _____

Comments:

Emergency Contacts (Other than parents or guardians)

The following to be contacted only if parents cannot be reached, unless otherwise instructed by the parents

Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____

The above information is correct or I have made the changes that are necessary.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

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

Name: _____ Home phone () _____
Work phone () _____

Physician's Name: _____ Phone () _____

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

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: _____

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: _____

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.

8. Late Fee: If you pick up your child after 6:00 P.M., you will be assessed \$5.00 for every 10 minutes or any part of 10 minutes. This late fee will be assessed to your account and will appear on your billing statement. Habitual late pick-up will necessitate dismissal from the program.

9. 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 not paid in a timely manner and become delinquent, my child will be dropped from the program. _____ (Please initial)

10. The SPARK program is a service offered to CCSD 62 residents only.

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

12. Payment status needs to be current to register for the following school year. All documents required for your child's enrollment must be submitted within 30 days to ensure your child's placement. _____ (please initial)

Signature of Parent/Guardian

Date

For Office Use Only

Date Rec'd: _____ Amt. Rec'd: _____ Cash: _____ Check #: _____ Approved: _____

Snack Form _____ Lunch Form _____



Community Consolidated School District 62
SPARK Program
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: _____
Never Occasionally Only rarely
13. Is your child prone to separation anxiety? _____ Has your child had a problem with
this in the past? _____
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 effect 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.