

**Registration Application**

Ext. Day Kdg.  
2021-2022

District 62 Extended Day Kindergarten Program  
1375 S. Fifth Ave.  
Des Plaines, IL 60018

Name of Child: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Child's Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Male: \_\_\_\_\_  
City: \_\_\_\_\_ Illinois Zip: \_\_\_\_\_ Female: \_\_\_\_\_  
School: \_\_\_\_\_ Grade : KDG Spec. Ed. Classification: \_\_\_\_\_

**Parent/Guardian Information:**

Mother's Name: \_\_\_\_\_ Father's Name : \_\_\_\_\_  
Step-parent's Name: \_\_\_\_\_ Language Spoken in home: \_\_\_\_\_  
Guardian's Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Who is the custodial parent? (Name:)** \_\_\_\_\_

<u>Employer/Company Name:</u>	<u>Work Phone:</u>	<u>Cell Phone:</u>
(Mother) _____ ( ) _____ ( ) _____		
(Father) _____ ( ) _____ ( ) _____		
(Step-parent) _____ ( ) _____ ( ) _____		
(Guardian) _____ ( ) _____ ( ) _____		

\_\_\_\_\_ Forest ELC  
**Ext Day Kdg 9:00-1:00 (5 Days)**  
\$390.00/month

\_\_\_\_\_ Forest ELC  
**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\_\_  
(For teacher information only)

**Starting Date:** \_\_\_\_\_

**Registration fee is \$50.00 per family. The registration fee is non-refundable, and must accompany this application. Make checks payable to District 62. **PLEASE NOTE: THERE IS NO CREDIT GIVEN FOR NON-ATTENDANCE, LATE ARRIVALS OR EARLY PICK-UP.** For families with more than one child actively participating in a program, a 10 % discount will be given. Discount does not apply to Emergency use. **After application has been received in the SPARK office, there is a waiting period of 3 business days before your child may start.****

**\*\*This registration must be hand delivered to the ELC Office.  
Registration for the SPARK Program is subject to availability.  
Please call 847-824-1065 to confirm that there is space available.**

Name of child: \_\_\_\_\_

**AUTHORIZATION FOR PICK-UP (PLEASE PRINT NAMES)**

1. (Mother) \_\_\_\_\_ 2. (Father) \_\_\_\_\_

3. (Step-parent) \_\_\_\_\_ Language Spoken \_\_\_\_\_ Phone( ) \_\_\_\_\_

4. (Guardian) \_\_\_\_\_ Language Spoken \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

5. (Other) \_\_\_\_\_ Language Spoken \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

6. (Other) \_\_\_\_\_ Language Spoken \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone( ) \_\_\_\_\_

The above people are authorized to pick up my \_\_\_\_\_  
(Signature of Parent/Guardian)

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

Name: \_\_\_\_\_ Home phone ( ) \_\_\_\_\_  
Work phone ( ) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**1. Emerg. Treatment and Transportation Permission:** In case of accident or injury, I hereby give my permission for emergency treatment and transportation. **Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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** \_\_\_\_\_

**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 60 days late, my child will be dropped from the program.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**For Office Use Only**

Date Rec'd: \_\_\_\_\_ Amt. Rec'd: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Credit: \_\_\_\_\_  
Approved: \_\_\_\_\_

Community Consolidated School District 62  
SPARK Program  
847-824-1065

Early Childhood Programs Questionnaire

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

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 preschool, child care 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 \_\_\_\_\_ ace 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 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.