

SHARE AND CARE APPLICATION FORM

Date of Application _____ Date of Admission _____ Date of Dismissal _____
Scheduled Days and Hours of Care _____
Child's Name _____
Child's Date of Birth _____ Age _____ Gender _____
Home Address _____
City _____ Home/Cell Phone _____
Siblings? Names and Ages:

Name of Mother/Guardian _____ Date of Birth _____
Home Address (if different) _____
Occupation _____ Employer _____
Business Address _____ City _____
Business Phone _____ Working Hours _____

Name of Father/Guardian _____ Date of Birth _____
Home Address (if different) _____
Occupation _____ Employer _____
Business Address _____ City _____
Business Phone _____ Working Hours _____

Child's Physician (if applicable, Christian Science Practitioner) _____
Address _____ City _____
Physician's Phone _____
Family Dentist _____
Address _____ City _____
Dentist Phone _____
Emergency Hospital Preference _____

If parents/guardians cannot be contacted in case of emergency, please list others to contact in the immediate area who may be contacted and who are authorized to pick up the child:

Name _____ Phone _____
Address _____ City _____

Name _____ Phone _____
Address _____ City _____

Any special needs, problems, or concerns?

This application was interviewed by: _____

Date _____ Fee _____

Signature of Parents: _____

Any special needs, concerns, medical issues (i.e. allergies)? If so, please

state

EMERGENCY CONTACTS

Please list persons (including parents/guardians) who may pick up your child or be called in case of an emergency. Please provide and then circle the phone number description that provides the best chance of reaching the emergency contact. *Under no circumstances will your child be released to anyone not known to the school without authorization from parents/guardian.*

Name: _____
Address: _____
Phone: _____
Relationship: _____
(cell/home/work)

Name: _____
Address: _____
Phone: _____
Relationship: _____
(cell/home/work)

Name: _____
Address: _____
Phone: _____
Relationship: _____
(cell/home/work)

Name: _____
Address: _____
Phone: _____
Relationship: _____
(cell/home/work)

Child's physician (or Certified Science Practitioner)
Physician's Address _____
Phone _____

Please list two access door codes (4 digits long) your family would like to employ to pass security on the front door. One working number will be chosen from your list and assigned to the family provided that number has not been previously assigned.

Code One _____

Code Two _____

IDENTIFICATION AND EMERGENCY INFORMATION

Name of Child _____ Date of Birth _____

Address _____ Zip _____

Cell Phone (____) _____ Email _____

Mother or Guardian (include maiden name) _____

Home Address _____ Home Phone _____

Employment _____ Hours _____

Business Address _____ Phone _____

Father of Guardian _____

Home Address _____ Home Phone _____

Employment _____ Hours _____

Business Address _____ Phone _____

If either parent/guardian is a student, please list name of school, phone, and current schedule:

Name: _____ School: _____

Phone: _____ Address: _____

School Schedule by Day

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|--------|---------|-----------|----------|--------|
| Times: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Share and Care Learning Center, Inc.
12 John Street
North Aurora, IL 60542
O: (630) 892-2818
Fax: (630) 892-1016

Policy Consent Form
Financial Agreement

The policy regarding fees is as follows:

1. The fee is based on enrollment and **not** on attendance. The weekly fee agreed upon as stated below is the same: whether or not your child actually attends any day during the week, up to and including just one day.
2. If your child is only enrolled for a couple of days a week or "part-time," then the fee will be assessed per day per week.
3. All fees are due on the Friday preceding the week of your child's attendance. A \$5.00 late pay fee will be applied to your account if your tuition is not paid by Monday at 5:30 pm. Any checks that are returned will be assessed a processing fee of \$20.00 that will be added to your account.
4. Full tuition is due unless a full week is missed, and then one-half the regular tuition will be required to hold your child's place until he/she returns in the case of illness.
5. **Vacations.** One half of the "regular" weekly tuition will be charged when a full calendar week is missed.
6. Snow/Bad weather days and days in which Share and Care is closed temporarily for emergency closing: full tuition for that day(s) will be charged.
7. Two weeks written notice, dated and signed, must be given in all cases of withdrawal.
8. Share and Care's operating hours are 6:30 am to 5:30 pm. If your child/children are picked up after the closing time of 5:30 pm a late fee of \$2.00 per 5 minutes per child will be charged to your account.

Paid Holidays at Share and Care

New Year's (January)
Good Friday (March/April)
Memorial Day (May)
Labor Day (September)
Thanksgiving (November)
Friday after Thanksgiving (November)
Christmas (December)

*12:00 pm closing on Christmas Eve and New Year's Eve

Share and Care closes down for the week of July 4th – There is no tuition charged for this week.

9. There is a limit of four weeks per year on half tuition allotment. If the family has used the four weeks, full tuition will be charged whether or not the child is in attendance.

The fee for your child, _____, for ____ days a week, will be \$ _____ each

Friday, beginning _____.

I have read and understand the above policies and agree to adhere to them.

Parent/Guardian _____ Date _____
Signature

Parent/Guardian Copy

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Friday, beginning _____.

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Signature

Center Copy

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North Aurora, IL 60542
(630) 892-2818

Below are ways in which you can become involved and help us provide a high quality preschool program. In an effort to learn more about the cultural differences and similarities of the children in our child care center, it would be helpful for each family to complete the following questionnaire. We would like to introduce cultural diversity throughout the classroom through the use of stories, songs, movement activities, cooking activities, crafts, etc. Any suggestions that you may have would be helpful. Thank you for your cooperation.

Family Name: _____

Answers reflect you child's history:

Have you lived anywhere other than the USA? ___ no ___ yes, If yes where: _____

I was born in (state of country) _____.

My mother was born in _____.

My father was born in _____.

My family's cultural/ethnic heritage is _____.

My family's first/or second language is _____.

At home we speak _____.

My family holiday/celebrations include

Check as many of the following that you might be interested in sharing with the class:

___ stories ___ song/instrument ___ favorite foods ___ crafts ___ other _____

___ I would like to participate in the program by:

___ Help cut out items for special projects at home.

___ Willing to help during field trips.

___ I would be willing to help out in my child's classroom when needed. I'm available:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

DCFS requires licensed centers
to obtain a copy of your child's
original birth certificate

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.



**State of Illinois
Certificate of Child Health Examination**

FOR USE IN DCFS LICENSED
CHILD CARE FACILITIES
CFS 600
Rev 11/2013



| | | | | | | | |
|------------------------------|-------|--------|--|------------------------|-------------------------|-----------------------|--------------------------------|
| Student's Name | | | | Birth Date | Sex | Race/Ethnicity | School /Grade Level/ID# |
| Last | First | Middle | | Month/Day/Year | | | |
| Address | | | | Parent/Guardian | Telephone # Home | | Work |
| Address Street City Zip Code | | | | Parent/Guardian | | Telephone # Home Work | |

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.

| Vaccine / Dose | 1 MO DA YR | | | 2 MO DA YR | | | 3 MO DA YR | | | 4 MO DA YR | | | 5 MO DA YR | | | 6 MO DA YR | | |
|--|---|--|--|---|--|--|---|--|--|---|--|--|---|--|--|---|--|--|
| | DTP or DTaP | | | | | | | | | | | | | | | | | |
| Tdap; Td or Pediatric DT (Check specific type) | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | |
| Polio (Check specific type) | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | |
| Hib Haemophilus influenza type b | | | | | | | | | | | | | | | | | | |
| Hepatitis B (HB) | | | | | | | | | | | | | | | | | | |
| Varicella (Chickenpox) | | | | | | | | | | | | | | | | | | |
| MMR Combined Measles Mumps. Rubella | | | | | | | | | | | | | | | | | | |
| Single Antigen Vaccines | Measles | | | Rubella | | | Mumps | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Pneumococcal Conjugate | | | | | | | | | | | | | | | | | | |
| Other/Specify Meningococcal, Hepatitis A, HPV, Influenza | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

COMMENTS:

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

| | | |
|------------------|--------------|-------------|
| Signature | Title | Date |
| Signature | Title | Date |

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

| | | | |
|-----------------|-----------|-------|------|
| Date of Disease | Signature | Title | Date |
|-----------------|-----------|-------|------|

3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella
Lab Results Date MO DA YR (Attach copy of lab result)

| VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Date | | | | | | | | | | | | | Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts |
| Age/Grade | | | | | | | | | | | | | |
| | R | L | R | L | R | L | R | L | R | L | R | L | |
| Vision | | | | | | | | | | | | | |
| Hearing | | | | | | | | | | | | | |

| | | | | | | |
|-----------------------|-------|--------|-------------------|------------|---------------|--------------------------|
| Student's Name | | | Birth Date | Sex | School | Grade Level/ ID # |
| Last | First | Middle | Month/Day/ Year | | | |

HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

| | | | | | | |
|---|-----|----|--|------|----|--|
| ALLERGIES (Food, drug, insect, other) | | | MEDICATION (List all prescribed or taken on a regular basis.) | | | |
| Diagnosis of asthma? | Yes | No | Loss of function of one of paired organs? (eye/ear/kidney/testicle) | Yes | No | |
| Child wakes during the night | Yes | No | Hospitalizations? When? What for? | Yes | No | |
| Birth defects? | Yes | No | Surgery? (List all.) When? What for? | Yes | No | |
| Developmental delay? | Yes | No | Serious injury or illness? | Yes | No | |
| Blood disorders? Hemophilia, Sickle Cell, Other? Explain. | Yes | No | TB skin test positive (past/present)? | Yes* | No | *If yes, refer to local health department. |
| Diabetes? | Yes | No | TB disease (past or present)? | Yes* | No | |
| Head injury/Concussion/Passed out? | Yes | No | Tobacco use (type, frequency)? | Yes | No | |
| Seizures? What are they like? | Yes | No | Alcohol/Drug use? | Yes | No | |
| Heart problem/Shortness of breath? | Yes | No | Family history of sudden death before age 50? (Cause?) | Yes | No | |
| Heart murmur/High blood pressure? | Yes | No | Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other | | | |
| Dizziness or chest pain with exercise? | Yes | No | Information may be shared with appropriate personnel for health and educational purposes. | | | |
| Eye/vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor <input type="checkbox"/> | | | Parent/Guardian | | | |
| Other concerns? (crossed eye, drooping lids, squinting, difficulty reading) | | | Signature | | | |
| Ear/Hearing problems? | Yes | No | Date | | | |
| Bone/Joint problem/injury/scoliosis? | Yes | No | | | | |

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

| | | | | |
|--|---------------|---------------|------------|------------|
| HEAD CIRCUMFERENCE | HEIGHT | WEIGHT | BMI | B/P |
| DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date (Blood test required if resides in Chicago.) | | | | |
| TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. No test needed <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Read / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ Blood Test: Date Reported / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____ | | | | |

| LAB TESTS (Recommended) | Date | Results | Date | Results |
|--------------------------|------|---------|------------------------------|---------|
| Hemoglobin or Hematocrit | | | Sickle Cell (when indicated) | |
| Urinalysis | | | Developmental Screening Tool | |

| SYSTEM REVIEW | Normal | Comments/Follow-up/Needs | Normal | Comments/Follow-up/Needs |
|---|--------|--|--------------------|--------------------------|
| Skin | | | Endocrine | |
| Ears | | | Gastrointestinal | |
| Eyes | | Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/> | Genito-Urinary | LMP |
| Nose | | | Neurological | |
| Throat | | | Musculoskeletal | |
| Mouth/Dental | | | Spinal Exam | |
| Cardiovascular/HTN | | | Nutritional status | |
| Respiratory | | <input type="checkbox"/> Diagnosis of Asthma | Mental Health | |
| Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Antagonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid) | | | Other | |

| | |
|---|-----------------------------------|
| NEEDS/MODIFICATIONS required in the school setting | DIETARY Needs/Restrictions |
|---|-----------------------------------|

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
 If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g. ,seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
 Yes No If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified, please attach explanation.)
PHYSICAL EDUCATION Yes No Modified **INTERSCHOLASTIC SPORTS** (for one year) Yes No Limited

| | | |
|------------|----------------------------|------|
| Print Name | (MD,DO, APN, PA) Signature | Date |
| Address | Phone | |

Share and Care Parent Consent Form

I hereby grant permission for my child _____ (child's full name) to use all of the play equipment and participate in all of the activities of the Center, including saying of grace before meals and snacks.

I hereby grant permission for the Director or acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact a parent/guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact through any of the persons listed on the emergency information form completed for us
4. If we cannot contact you or the child's physician, we will do any or all of the following:
 - call another physician or paramedics
 - call an ambulance
 - have the child taken to an emergency hospital in the company of a staff member.
5. Any medical expenses incurred will be borne by the child's family.
6. If, because of your religious background, you do not wish your child to receive the above care, you must provide, in writing, a request stating this and the name, phone number and address of the certified practitioner you want to be contacted.
7. The school will not be responsible for anything that may happen because of false information given at the time of enrollment.

The school will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

I hereby give consent to the Share and Care Staff to administer first aid to my child, if necessary.

Signed Mother/Guardian _____ Date _____

Signed Father/Guardian _____ Date _____

Addendum to Share and Care Learning Center Parent Consent (10/15/2021)

Discipline and Behavior Support/Program Transition Policies

At Share and Care Learning Center, we view disciplining not as a means of punishing a child who has acted inappropriately, but rather as a means of teaching a child. Positive discipline/guidance teaches children where the limits are set, how to maintain control over their bodies, and how to problem solve in the event of a conflict.

Discipline is most effective when it follows logical consequences. The consequence for behaviors have to make sense to the child. If a child is throwing sand outdoors, it is logical to tell the child that the sand stays in the sandbox and that if it gets thrown again the child will have to find somewhere else to play. But let's not leave it at that. We get the child involved in a discussion about what would happen if all the sand was thrown out of the box.

Since the purpose of discipline is to teach, ore verbal children will be encouraged to talk to their peers when conflict arises. This helps children to empathize with one another's feeling and really see the results of their actions. We do not ask a child to apologize for their actions. Generally, they are not sorry for what they did. If they are truly sorry, they will apologize on their own.

Limiting a child's choices of activities due to inappropriate behavior is an effective means by which to teach children to respect property and one another.

Center Copy

Separation of children may become necessary in the case of two or more children having extreme difficulty playing together without conflict. The teacher then needs to assign appropriate play areas for the children, with the message that they may try playing together again later on if they do well on their own.

The use of time-out shall be very limited. A time-out is an opportunity for a child who is out of control and at risk of harming himself or others, to calm down and gain control once again. Time-outs are never done inside the classroom. If a time-out is really needed, the child will be removed from the room and taken to the director's office. A time-out is NEVER used as a punishment. It is not the logical consequence for a behavior.

Inappropriate behavior shall be viewed as exactly that. Children shall NEVER be referred to as naughty or bad. We always address the behavior as the problem, not the child.

If our behavior support efforts explained above are not effective, the childcare center reserves the right to implement our program transition policies as outlined below:

Infants, toddlers and preschool children, who, after documented attempts have been made to meet the child's individual needs, demonstrate an inability to benefit from the type of childcare offered by our center, or whose presence is detrimental to the group, shall be transitioned to a different program.

For infants, toddlers and preschool age children, in all instances when our center decides that it is in the best interest of the child to transition to a different program, the child's and parents' needs shall be considered by planning with the parents to identify the new program and working with the parents and pending program on a transition plan designed to ensure continuity of services to meet the child's needs. We shall adhere to the requirements regarding our plans to transition a child based on our discipline and behavior support policies.

This policy describes the progression of disciplinary actions which Share and Care Learning Center will follow in response to inappropriate behaviors, depending on the severity and the duration. It is assumed at all times that Share and Care is acting in good faith, and with the best interests of the individual child as well as the other children and staff in mind. It is also assumed that the parent/guardian of the child is acting in partnership with Share and Care staff throughout the process. Share and Care may also, at its discretion, bring in consultants to observe, review, or advise them at any point in the situation. If at any time during the process the parent/guardian refuses to comply with the recommendations/ requirements of Share and Care, we reserve the right to implement our transition plan.

We will also notify the Department of Children and Family Services Licensing of transition plans. None of our center's policies preclude a parent's or legal guardian's right to withdraw his or her child from our center. A written statement from the parent or guardian shall be requested by Share and Care Learning Center (hereafter referred to Share and Care) and kept on file, stating the reason for the decision to withdraw the child. If parents/guardians are unable to provide a letter, Share and Care shall maintain documentation that includes requestor's name and relationship to the child, along with the withdrawal date. Share and Care will also sign and date documentation.

As a provider of childcare to infants, toddlers or preschool age children, Share and Care shall maintain documentation regarding steps taken to ensure that the child can participate safely in the program, in accordance with the behavior support plan and program transition policy. This shall include attempts to utilize qualified professional resources, including when parental consent is attempted and whether it is obtained.

Early intervention services received by children shall be documented in the behavior support plan. Share and Care will also document whether children are evaluated by the Early Intervention Program and/or the school district and, with regard to those children evaluated, whether they are found eligible or ineligible to receive services. Share and Care will collect, report annually to the Illinois State Board of Education, in compliance with 23 Ill. Adm. Code 235.340 (Reporting) information on children.

Addendum to Share and Care Learning Center Parent Consent (9/10)

Vision And Hearing

Share and Care will ensure that hearing and vision screening services are provided annually in accordance with Illinois Department of Public Health's Hearing and Vision Screening Codes and Illinois Vision and Hearing Test Act. Any expenses incurred will be the responsibility of the child's family.

Birth Certificates

Upon enrollment at Share and Care, the parent or guardian must provide a certified copy of the child's birth certificate or reliable proof of identity and age of the child. The center shall make a duplicate and return the original certified copy to the parent or guardian no later than end of the next business day after receipt. Share and Care is required by law to notify the Illinois State Police or local law enforcement agency if the parent or guardian fails to submit proof of the child's identity within 30 days.

Picture Policy

Consent for recording both visually and audibly while at Share and Care Learning Center, Inc. for use in advertisement and classroom portfolios is understood and accepted.

Summary of Integrated Pest Management Plan

When it is determined that a pesticide must be used to meet important management goals, the least hazardous material will be chosen. Share and Care will take the responsibility to notify our families and staff by written notification of when the facility will receive a pesticide application at least 2 days but not more than 30 days of the pesticide treatments. Pesticides will not be stored at Share and Care. Prior notice of the pesticide application is not required if the application is due to an immediate threat to health or property, in which case the pesticide must be immediately applied. Children will not be present during the application and shall not return to the treated area within 2 hours after a pesticide application. If such a situation arises, the appropriate childcare center personnel must sign a statement describing the circumstances that gave rise to the health threat and ensure that written notice is provided to our families.

Yes No wants to be notified of any pesticide application.

_____ Date _____
Parent Signature

Email Address: _____

I understand the policies set forth in the Parent Handbook and agree to comply with the rules, regulations, and procedures therein, **including the late pick up policy and discipline and behavioral support/ transition policy .**

Parent/Guardian: _____
Signature

Director: _____ Date _____
Signature

Revised: 03/2019

Center Copy

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5. Attempt to contact a parent/guardian.
6. Attempt to contact the child's physician.
7. Attempt to contact through any of the persons listed on the emergency information form completed for us
8. If we cannot contact you or the child's physician, we will do any or all of the following:
 - call another physician or paramedics
 - call an ambulance
 - have the child taken to an emergency hospital in the company of a staff member.
6. Any medical expenses incurred will be borne by the child's family.
7. If, because of your religious background, you do not wish your child to receive the above care, you must provide, in writing, a request stating this and the name, phone number and address of the certified practitioner you want to be contacted.
8. The school will not be responsible for anything that may happen because of false information given at the time of enrollment.

The school will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

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Signed Mother/Guardian _____ Date _____

Signed Father/Guardian _____ Date _____

Addendum to Share and Care Learning Center Parent Consent (10/15/2021)

Discipline and Behavior Support/Program Transition Policies

At Share and Care Learning Center, we view disciplining not as a means of punishing a child who has acted inappropriately, but rather as a means of teaching a child. Positive discipline/guidance teaches children where the limits are set, how to maintain control over their bodies, and how to problem solve in the event of a conflict.

Discipline is most effective when it follows logical consequences. The consequence for behaviors have to make sense to the child. If a child is throwing sand outdoors, it is logical to tell the child that the sand stays in the sandbox and that if it gets thrown again the child will have to find somewhere else to play. But let's not leave it at that. We get the child involved in a discussion about what would happen if all the sand was thrown out of the box.

Since the purpose of discipline is to teach, ore verbal children will be encouraged to talk to their peers when conflict arises. This helps children to empathize with one another's feeling and really see the results of their actions. We do not ask a child to apologize for their actions. Generally, they are not sorry for what they did. If they are truly sorry, they will apologize on their own.

Limiting a child's choices of activities due to inappropriate behavior is an effective means by which to teach children to respect property and one another.

Parent/Guardian Copy

Separation of children may become necessary in the case of two or more children having extreme difficulty playing together without conflict. The teacher then needs to assign appropriate play areas for the children, with the message that they may try playing together again later on if they do well on their own.

The use of time-out shall be very limited. A time-out is an opportunity for a child who is out of control and at risk of harming himself or others, to calm down and gain control once again. Time-outs are never done inside the classroom. If a time-out is really needed, the child will be removed from the room and taken to the director's office. A time-out is NEVER used as a punishment. It is not the logical consequence for a behavior.

Inappropriate behavior shall be viewed as exactly that. Children shall NEVER be referred to as naughty or bad. We always address the behavior as the problem, not the child.

If our behavior support efforts explained above are not effective, the childcare center reserves the right to implement our program transition policies as outlined below:

Infants, toddlers and preschool children, who, after documented attempts have been made to meet the child's individual needs, demonstrate an inability to benefit from the type of childcare offered by our center, or whose presence is detrimental to the group, shall be transitioned to a different program.

For infants, toddlers and preschool age children, in all instances when our center decides that it is in the best interest of the child to transition to a different program, the child's and parents' needs shall be considered by planning with the parents to identify the new program and working with the parents and pending program on a transition plan designed to ensure continuity of services to meet the child's needs. We shall adhere to the requirements regarding our plans to transition a child based on our discipline and behavior support policies.

This policy describes the progression of disciplinary actions which Share and Care Learning Center will follow in response to inappropriate behaviors, depending on the severity and the duration. It is assumed at all times that Share and Care is acting in good faith, and with the best interests of the individual child as well as the other children and staff in mind. It is also assumed that the parent/guardian of the child is acting in partnership with Share and Care staff throughout the process. Share and Care may also, at its discretion, bring in consultants to observe, review, or advise them at any point in the situation. If at any time during the process the parent/guardian refuses to comply with the recommendations/ requirements of Share and Care, we reserve the right to implement our transition plan.

We will also notify the Department of Children and Family Services Licensing of transition plans. None of our center's policies preclude a parent's or legal guardian's right to withdraw his or her child from our center. A written statement from the parent or guardian shall be requested by Share and Care Learning Center (hereafter referred to Share and Care) and kept on file, stating the reason for the decision to withdraw the child. If parents/guardians are unable to provide a letter, Share and Care shall maintain documentation that includes requestor's name and relationship to the child, along with the withdrawal date. Share and Care will also sign and date documentation.

As a provider of childcare to infants, toddlers or preschool age children, Share and Care shall maintain documentation regarding steps taken to ensure that the child can participate safely in the program, in accordance with the behavior support plan and program transition policy. This shall include attempts to utilize qualified professional resources, including when parental consent is attempted and whether it is obtained.

Early intervention services received by children shall be documented in the behavior support plan. Share and Care will also document whether children are evaluated by the Early Intervention Program and/or the school district and, with regard to those children evaluated, whether they are found eligible or ineligible to receive services. Share and Care will collect, report annually to the Illinois State Board of Education, in compliance with 23 Ill. Adm. Code 235.340 (Reporting) information on children.

Addendum to Share and Care Learning Center Parent Consent (9/10)

Vision And Hearing

Share and Care will ensure that hearing and vision screening services are provided annually in accordance with Illinois Department of Public Health's Hearing and Vision Screening Codes and Illinois Vision and Hearing Test Act. Any expenses incurred will be the responsibility of the child's family.

Birth Certificates

Upon enrollment at Share and Care, the parent or guardian must provide a certified copy of the child's birth certificate or reliable proof of identity and age of the child. The center shall make a duplicate and return the original certified copy to the parent or guardian no later than end of the next business day after receipt. Share and Care is required by law to notify the Illinois State Police or local law enforcement agency if the parent or guardian fails to submit proof of the child's identity within 30 days.

Picture Policy

Consent for recording both visually and audibly while at Share and Care Learning Center, Inc. for use in advertisement and classroom portfolios is understood and accepted.

Summary of Integrated Pest Management Plan

When it is determined that a pesticide must be used to meet important management goals, the least hazardous material will be chosen. Share and Care will take the responsibility to notify our families and staff by written notification of when the facility will receive a pesticide application at least 2 days but not more than 30 days of the pesticide treatments. Pesticides will not be stored at Share and Care. Prior notice of the pesticide application is not required if the application is due to an immediate threat to health or property, in which case the pesticide must be immediately applied. Children will not be present during the application and shall not return to the treated area within 2 hours after a pesticide application. If such a situation arises, the appropriate childcare center personnel must sign a statement describing the circumstances that gave rise to the health threat and ensure that written notice is provided to our families.

Yes No wants to be notified of any pesticide application.

_____ Date _____
Parent Signature

Email Address: _____

I understand the policies set forth in the Parent Handbook and agree to comply with the rules, regulations, and procedures therein, **including the late pick up policy and discipline and behavioral support/ transition policy.**

Parent/Guardian: _____
Signature

Director: _____ Date _____
Signature

Revised: 03/2019

Parent/ Guardian Copy

Share and Care Learning Center
12 John Street
North Aurora, IL 60542
Phone (630) 892-2818 Fax (630) 892-1016

Name of Child _____

Date of Birth _____

Developmental History Form

****Family and Social History****

Mother (or Guardian) _____ Age _____

Father (or Guardian) _____ Age _____

Marital Status of Parents: _____ Living Together? Y / N

Separated or divorced? Y / N If yes, how long _____

Step parent(s) name(s) _____

If child is adopted; age at adoption _____ Does child know? Y / N

Remarks/Notes (Custody/Living Arrangements):

Siblings:

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Other members of household (include relationship and age)

If both parents are away from home during the morning, please state arrangements for child's care when not at school.

Does child have a room alone? _____ if not, with whom? _____

Does child have neighborhood playmates? _____ Specify _____

Who has cared for the child other than parents? _____

Has child had play experience? Y / N Where _____

When and with whom does the child watch TV? _____

****Developmental History of Child****

Age at which child: Crept on hands and knees _____ Sat alone _____ Walked _____

Named simple objects _____ Repeated short sentences _____ Slept through the night _____

Began toilet training _____ Word child uses for urination _____

Word child uses for BM _____ Usual time of BM _____

Does child dress self? Y / N Undress self? Y / N Is the child right or left handed? _____
What time does child usually eat breakfast? _____ Lunch _____ Dinner _____
Is the family vegetarian? Y/N Other dietary restrictions? _____
What time does the child usually go to bed? _____ Awaken? _____
Does child sleep well? _____
What are the child's favorite indoor activities?

What are the child's favorite outdoor activities?

Does child play with water? Y/N Go barefoot? Y/N
Does the child have any special fears that you are aware of? (please specify) _____

Does child have speech problems? Y/N Any other problems/impediments? _____
What method of behavior control is used in the home? _____
What is the child's usual reaction? _____
How would you describe your child's personality? _____

****Health History of the Child****

What past illness has the child had and at what age? Chicken pox _____ Scarlet Fever _____
Diabetes _____ Mumps _____ Hepatitis _____ Other: _____
Does your child have frequent colds? Y/N Explain _____
Tonsillitis? Y/N Earaches? Y/N Stomachaches? Y/N Does the child vomit easily? Y/N
Does the child run high fevers easily? Y/N Has the child had any serious accidents? Y/N
Explain: _____
Is the child allergic? Y/N If so, how does it manifest itself? _____
Asthma? Y/N Hayfever? Y/N Hives? Y/N Other _____
What is the allergy caused by: _____
Has the child ever been to the dentist? Y/N Has the child's vision been checked? Y/N
Hearing tested? Y/N Does the child wear corrective shoes? Y/N
Please give a statement of the child's overall health. _____

FOR SCHOOL USE ONLY*****

| | | | |
|---------------|------------|---------------|------------|
| Illness _____ | Date _____ | Illness _____ | Date _____ |
| Illness _____ | Date _____ | Illness _____ | Date _____ |
| Illness _____ | Date _____ | Illness _____ | Date _____ |

Accidents: _____

Other health information:

Cumulative Record:

ILLINOIS STATE BOARD OF EDUCATION

Annual Enrollment Form

Child and Adult Care Food Program

This form is required for Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs.

This form is NOT required for At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters.

Parents/Centers: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. Section 5: this section is optional. CACFP sponsors must ensure households are made aware that failure to provide racial or ethnic identity information will not impact their eligibility. However USDA strongly encourages CACFP sponsors to explain the importance of this data to parents/guardians to complete this section. The center will review completed enrollment form.

| 1 FULL NAME OF ENROLLED CHILD (Include Birth Date/Age) | 2 DAYS OF WEEK IN ATTENDANCE | 3 TIMES CHILD NORMALLY ATTENDS DURING WEEK | 4 MEALS RECEIVED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------------------------|----|------|----------------------------|-------------------|--|----------------------------|--|----|----|------|----|----|------|---------------|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| First Child Name _____ Birth Date _____ Age _____ | <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th><th>PM</th><th>TIME</th> <th>AM</th><th>PM</th><th>TIME</th> <th>Leaves Center</th><th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="8"> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours </td> </tr> </tbody> </table> | TIME IN | | | TIME OUT | | | TIMES CHILD ATTENDS SCHOOL | | AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours | | | | | | | | <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack |
| TIME IN | | | TIME OUT | | | TIMES CHILD ATTENDS SCHOOL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Second Child Name _____ Birth Date _____ Age _____ | <input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday | <input type="checkbox"/> Same Times as Child Above <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th><th>PM</th><th>TIME</th> <th>AM</th><th>PM</th><th>TIME</th> <th>Leaves Center</th><th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="8"> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours </td> </tr> </tbody> </table> | TIME IN | | | TIME OUT | | | TIMES CHILD ATTENDS SCHOOL | | AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours | | | | | | | | <input type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack |
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| AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Third Child Name _____ Birth Date _____ Age _____ | <input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday | <input type="checkbox"/> Same Times as Child Above <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th><th>PM</th><th>TIME</th> <th>AM</th><th>PM</th><th>TIME</th> <th>Leaves Center</th><th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="8"> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours </td> </tr> </tbody> </table> | TIME IN | | | TIME OUT | | | TIMES CHILD ATTENDS SCHOOL | | AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours | | | | | | | | <input type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack |
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| AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Please answer both questions. This information is voluntary.

5 ETHNIC/RACIAL CATEGORIES—

A. Ethnic data of child(ren) — Hispanic or Latino Not Hispanic or Latino
 Mark only one.

B. Racial data of child(ren) — Asian Black or African American Native Hawaiian or Other Pacific Islander
 White American Indian or Alaska Native
 Mark one or more that apply.

6 SIGNATURE
 I certify the information above is correct. _____
Signature of Parent or Guardian _____ *Date* _____ *Telephone Number of Parent or Guardian*

CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of this enrollment form: _____

The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer