

POLKADOT DRAGON PRESCHOOL 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: _____

Polka Dot Dragon Preschool
11 S. Lincoln Way
North Aurora, IL 60502
Phone (630) 801-4868 Fax (630)801-4868

Name of Child _____

Date of Birth _____

Developmental History Form

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

Mother (Or Guardian) _____

Father (Or Guardian) _____

Marital Status of Parents _____ Living Together? Y / N

Step parent(s) name(s) _____

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

Remark/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 child watch TV? _____

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

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

Name 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? _____

Polka Dot Dragon Preschool 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 a 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 Polka Dot Dragon staff to administer first aid to my child, if necessary.

Signed Mother/Guardian _____ Date _____
Signed Father/ Guardian _____ Date _____

Discipline

There will be certain limits placed upon the children. Although our program emphasizes freedom of expression and individual potential, we will not allow uncontrolled freedom at the expense of others. Self-control is an important part of every child's social development. Basic guidelines for acceptable social and group behavior will be established in each classroom. Children will be expected to respect and not to harm others, themselves, or the equipment available to them. It will be the staff's responsibility to be "fair, firm, and consistent" in social behavior both by example and communication.

When a child's activities prove detrimental to the group, our first means of discipline would be to redirect the child as a preventive measure. The child is shown positive alternatives other than just told "no". While talking to the child, the teacher helps he/she know that their feelings are understood. Younger children would be given suggestions or alternate solutions, while older children would be expected to brainstorm and come up with ways of handling the situation without violence or force.

Although most disciplinary problems are resolved at this stage, if alternate methods must be enforced, the parent(s) will be notified. Together we will discuss and decide how to handle the situation. It is not our policy to spank a child at any time. Verbal discipline will be pertinent and relevant to the particular incident.

If there is a specific need, or if the discipline procedures above are not effective, the child care center reserves the right to terminate your child's enrollment in the program.

11 S. Lincolnway
North Aurora, IL 60542
(630) 801-4868

The Polka Dot Dragon Preschool closes promptly at 6:00 p.m. All children must be picked up by the closing hour.

Parents will be assessed a late charge of \$10.00 for every ten minutes a child is left in the center past 6:00 P.M. closing time.

At 6:10 the center will start calling all emergency pick-up numbers listed on the enrollment forms at least once to locate you or another responsible party to find out when the child is going to be picked up from the center.

At 6:30 if no contact has been made with you or emergency pick-ups the local authorities(North Aurora Police and Child Abuse Hotline) will be notified.

It is parent's responsibility to have up-to-date emergency contact numbers on file.

This scenario can be avoided if the responsible party contacts the center as soon as they know there is going to be an issue with pick-up. There will be a staff member present with your child at all times until parent or outside authorities arrive. A policy is in place that staff shall never hold your child responsible for the situation and discussion of the issue will only take place with parent or guardian.. Polka Dot Dragon Preschool does recognize that weather conditions may be a concern at times and has the right to offer leniency in those cases.

I _____ agree to the above statements concerning my child's care at Polka Dot Dragon Preschool.

Signature

Date

Amended 6/14/17

Addendum to Polka Dot Dragon Preschool Parent Consent

Vision and Hearing

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

Summary of Integrated Pest Management Plan

When it is determined that a pesticide must be used to meet important management goals, that least hazardous material will be chosen. Polka Dot Dragon will take the responsibility to notify our families and staff by written notifications 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 Polka Dot Dragon. Prior notice of the pesticide application is not required if the application is due to an immediate threat to the 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 child care 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.

Parent Signature Date _____

Email Address: _____

Illinois Department of Public Health
Childhood Lead Risk Assessment Questionnaire

**ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE MUST BE ASSESSED FOR LEAD POISONING
(410 ILCS 45/6.2)**

Name _____ Today's Date _____
Age _____ Birthdate _____ ZIP Code _____

Respond to the following questions by circling the appropriate answer.

R E S P O N S E

- | | |
|---|-------------------|
| 1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC? | Yes No Don't Know |
| 2. Does this child have a sibling with a blood lead level of 10 mcg/dL or higher? | Yes No Don't Know |
| 3. Does this child live in or regularly visit a home built before 1978? | Yes No Don't Know |
| 4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978? | Yes No Don't Know |
| 5. Is this child a refugee or an adoptee from any foreign country? | Yes No Don't Know |
| 6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)? | Yes No Don't Know |
| 7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)? | Yes No Don't Know |
| 8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)? | Yes No Don't Know |
| 9. Does this child reside in a high-risk ZIP code area? | Yes No Don't Know |

A blood lead test should be performed on children:

- with any "Yes" or "Don't Know" response
- living in a high-risk ZIP code area

All Medicaid-eligible children should have a blood lead test at 12 months of age and at 24 months of age. If a Medicaid-eligible child between 36 months and 72 months of age has not been previously tested, a blood lead test should be performed.

If there is any "Yes" or "Don't Know" response; and

- there has been no change in the child's living conditions; and
- the child has proof of two consecutive blood lead test results (documented below) that are each less than 10 mcg/dL (with one test at age 2 or older), a blood lead test is not needed at this time.

Test 1: Blood Lead Result _____ mcg/dL Date _____ Test 2: Blood Lead Result _____ mcg/dL Date _____

If responses to all the questions are "NO," re-evaluate at every well child visit or more often if deemed necessary.

Signature of Doctor/Nurse

Date



State of Illinois
Certificate of Child Health Examination

Student's Name				Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#					
Last	First	Middle		Month/Day/Year								
Address				Parent/Guardian	Telephone # Home							
Street	City	Zip Code					Work					
IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for <i>every</i> dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.												
REQUIRED Vaccine / Dose	DOSE 1		DOSE 2		DOSE 3		DOSE 4		DOSE 5		DOSE 6	
	MO	DA	YR	MO	DA	YR	MO	DA	YR	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												
Pneumococcal Conjugate												
Hepatitis B												
MMR Measles Mumps, Rubella												
Varicella (Chickenpox)												
Meningococcal conjugate (MCV4)												
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose												
Hepatitis A												
HPV												
Influenza												
Other: Specify Immunization Administered/Dates												
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 (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.												
*MEASLES (Rubella) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR												
2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies 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				
3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/> Measles* <input type="checkbox"/> Mumps** <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella Attach copy of lab result.												
*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.												
**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.												
Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____												
Physician Statements of Immunity MUST be submitted to IDPH for review.												

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.