

# **AGAPE CHRISTIAN ACADEMY ENROLLMENT FORMS**

## **2023 2024**



## STUDENT ENROLLMENT PACKET CHECKLIST

Child's name \_\_\_\_\_

This checklist will guide you to completing the documents needed for your child's file. Please submit this completed checklist with your forms.

**\* PACKET MUST BE COMPLETED AND TURNED IN BY AUGUST 14, 2023, SO YOUR CHILD IS READY TO START THE FIRST DAY OF SCHOOL. PLEASE SEND IN ENTIRE PACKET WITH ALL FORMS.**

\_\_\_\_ Enrollment Application/Emergency Information

\_\_\_\_ Developmental History

\_\_\_\_ Terms and Conditions

\_\_\_\_ Guidance and Discipline Policy

\_\_\_\_ Child Health Exam Form (Include Parent section signed, Lead questionnaire IF NOT ON FILE, and TB test)

\*Please note, if your child's physical is after August 5, you may submit a letter from your doctor stating your appointment that will be kept on file until we receive your child's health exam form. **(RETURNING STUDENTS NEED ONLY PROVIDE UPDATED IMMUNIZATION INFORMATION.)**

\_\_\_\_ Birth certificate (If it is not on file from previous year)

\_\_\_\_ Medication Consent Form (if needed)

\_\_\_\_ Medication Dispensing Information (if needed)

## ENROLLMENT APPLICATION & EMERGENCY INFORMATION

2023 – 2024

Program: (Please check below)

DOVE: \_\_\_\_\_ FISHERMEN: \_\_\_\_\_ DISCIPLES: \_\_\_\_\_ APOSTLES: \_\_\_\_\_

Days attending Preschool (9:00 – 11:30am)	M_____	T_____	W_____	Th_____	F_____	All_____
Days attending Preschool (9:00 - 1:00pm)	M_____	T_____	W_____	Th_____	F_____	All_____
Days attending Preschool (9:00am – 2:00pm)	M_____	T_____	W_____	Th_____	F_____	All_____
Days attending Enrichment (1:00pm – 3:00pm)	M_____	T_____	W_____	Th_____	F_____	All_____

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

Gender M\_\_\_\_\_ F\_\_\_\_\_ Birthdate \_\_\_\_\_ City \_\_\_\_\_ Birthplace \_\_\_\_\_ Zip \_\_\_\_\_

Child's physician's name \_\_\_\_\_ Physician's phone \_\_\_\_\_

Physician's address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

◆ First Parent (or Legal Guardian) to Call \_\_\_\_\_ Marital Status \_\_\_\_\_

Primary Parent/Guardian's Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Parent/Guardian Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

Email Address \_\_\_\_\_ Work days/hours \_\_\_\_\_

◆ Second Parent (or Legal Guardian) to Call \_\_\_\_\_ Marital Status \_\_\_\_\_

Parent/Guardian's Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

Email Address \_\_\_\_\_ Work days/hours \_\_\_\_\_

Child's Name \_\_\_\_\_

**AUTHORIZED PEOPLE TO PICK UP CHILD ON A REGULAR BASIS (other than parents)**

*Please notify those listed below that they will need photo identification.*

1.	Name _____	Relationship _____	_____	_____
	Address _____		_____	_____
	Phone _____	_____	City _____	Zip _____
			Regularly _____	Occasionally _____
2.	Name _____	Relationship _____	_____	_____
	Address _____		_____	_____
	Phone _____	_____	City _____	Zip _____
			Regularly _____	Occasionally _____
3.	Name _____	Relationship _____	_____	_____
	Address _____		_____	_____
	Phone _____	_____	City _____	Zip _____
			Regularly _____	Occasionally _____
4.	Name _____	Relationship _____	_____	_____
	Address _____		_____	_____
	Phone _____	_____	City _____	Zip _____
			Regularly _____	Occasionally _____

**EMERGENCY CONTACTS**

In case of emergency, I/we authorize the following person/people to pick up my/our child if parents cannot be reached: *Please notify those listed that they will need photo identification.* **\*\*MUST HAVE AT LEAST ONE PERSON LISTED**

1.	Name _____	Relationship _____	_____	_____
	Address _____		_____	_____
	Phone _____	_____	City _____	Zip _____
2.	Name _____	Relationship _____	_____	_____
	Address _____		_____	_____
	Phone _____	_____	City _____	Zip _____
3.	Name _____	Relationship _____	_____	_____
	Address _____		_____	_____
	Phone _____	_____	City _____	Zip _____

Adults and children living in the home (other than parents/guardians):

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

*If submitting this form online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original signature.*

\_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_  
Date

*PLEASE NOTE: If applicable, two parents/guardian signatures are required.*

**AGAPE PRESCHOOL**

**1401 Wagner Road, Glenview, IL 60025**

---

**DEVELOPMENTAL HISTORY**

**BIRTH & INFANCY**

Did your child have a normal birth and infancy? \_\_\_\_\_

If not, please explain. \_\_\_\_\_

---

**SPEECH**

What language is spoken at home? \_\_\_\_\_

Does your child speak English? \_\_\_\_\_ Understand English? \_\_\_\_\_

Do you have any concerns about your child's speech? \_\_\_\_\_

**TOILETING & DRESSING**

Age at which bladder training began \_\_\_\_\_ Completed \_\_\_\_\_

Age at which bowel training began \_\_\_\_\_ Completed \_\_\_\_\_

Any concerns/problems connected with toileting? \_\_\_\_\_ please explain. \_\_\_\_\_

---

**EATING**

What time does your child usually eat breakfast? \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Child's favorite foods \_\_\_\_\_

Foods child does not like to eat \_\_\_\_\_

Do you have any concerns about your child's eating habits? \_\_\_\_\_

If so, please explain. \_\_\_\_\_

Child's Name \_\_\_\_\_

---

**AGAPE PRESCHOOL**

**1401 Wagner Road, Glenview, IL 60025**

---

**HEALTH HISTORY**

Does your child have frequent colds? \_\_\_\_\_ Earaches? \_\_\_\_\_ Strep throat? \_\_\_\_\_

Stomach aches? \_\_\_\_\_ Run high fevers? \_\_\_\_\_ Vomit easily? \_\_\_\_\_

Has your child had any serious illness or accidents? \_\_\_\_\_ If so, please explain \_\_\_\_\_

---

Has your child ever been hospitalized? \_\_\_\_\_ at what age? \_\_\_\_\_

Reason for hospitalization \_\_\_\_\_

Please explain if your child has any of the following: allergies, asthma, hay fever, hives, etc. \_\_\_\_\_

---

Has your child been to the dentist? \_\_\_\_\_ had vision testing? \_\_\_\_\_ Hearing testing? \_\_\_\_\_

Wear corrective shoes? \_\_\_\_\_ Does your child prefer using right or left hand? \_\_\_\_\_

**SOCIAL & BEHAVIORAL INFORMATION**

Who has cared for child other than parents/guardians? \_\_\_\_\_

Has child been in any other school? \_\_\_\_\_

Who does child play with? \_\_\_\_\_ Age(s) \_\_\_\_\_

What toys does your child like to play with? \_\_\_\_\_

What are child's favorite indoor activities? \_\_\_\_\_

What are child's favorite outdoor activities? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

What are causes of conflict between the child and his/her parents/guardians? \_\_\_\_\_

---

Child's Name \_\_\_\_\_

---

**AGAPE PRESCHOOL**

**1401 Wagner Road, Glenview, IL 60025**

---

What method of behavior control is used in your home? \_\_\_\_\_

What is your child's reaction? \_\_\_\_\_

List experiences with pets: \_\_\_\_\_

Has child always lived in the present home? \_\_\_\_\_

Other locations: \_\_\_\_\_

If parents are separated or divorced, how often does your child see each parent/guardian? \_\_\_\_\_

What other adults does your child see on a regular basis? Please list names and relationships. \_\_\_\_\_

Other information that we should know to make our year with your child as meaningful as possible: \_\_\_\_\_

*Please note: As the year progresses, we encourage you to inform us of any changes regarding your child or household that could possibly affect their participation in our program.*

Child's Name \_\_\_\_\_



## AGAPE PRESCHOOL

1401 Wagner Road, Glenview, IL 60025

---

### TERMS & CONDITIONS

1. I/We will sign my/our child in and out each day and notify the staff of any relevant information regarding my/our child.
2. I/We will notify you in writing, of the name and relationship of another person who will pick up my/our child if I am/we are unable to do so.
3. I/We authorize my/our child to play outside daily.
4. I/We understand that if my/our child is not well enough to participate in all activities, including outdoor play, I/ we will keep him/her home until fully recovered. Children with diarrhea, fever over 100°F, or vomiting must remain at home for 24 hours after children are symptom-free, without the use of fever-reducing medication. This is a state requirement.
5. I/We understand medicine may not be given at the AGAPE unless it is a current prescription from my/our doctor and/or bears the original label with directions for administering. I/We authorize the staff to give medicine if the above conditions are met and Medication Consent and Medication Dispensing forms are filled out.
6. I/We agree to pick up my/our child or decide with a pre-qualified pick-up person within 45 minutes if he/she becomes ill at the AGAPE.
7. I/We authorize the Director or teachers to undertake necessary emergency first aid for my/our child, including but not limited to transporting my/our child to the emergency room of the nearest hospital or clinic for treatment.
8. I/We authorize the Director or teachers to administer first aid on a limited basis for minor accidents, such as scrapes, bloody noses, bumps, etc. This can include applying ice, assisting in cleansing a wound and applying a bandage.
9. I/We authorize the treatment by a qualified and licensed medical doctor of my/our minor child in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me/us.
10. I/We understand that in some medical situations the staff may need to contact the local emergency resource before notifying me/us.
11. I/We authorize the AGAPE to use pictures and/or videos of my/our child for parent programs, informative displays, brochures, advertisements, and other media articles.
12. I/We agree to release the AGAPE, its administrators, directors, teachers, and staff from all liability in case of accidents.

Child's Name \_\_\_\_\_

## AGAPE PRESCHOOL

1401 Wagner Road, Glenview, IL 60025

---

13. I/We have received and read the AGAPE Guidance and Discipline policy.  
I/We understand that this policy will be enforced daily by the Park District staff.
14. I/We understand that in accordance with the Guidance and Discipline Policy, in conference with the Director, it is determined that it is in the best interest of my/our child that every effort will be made to meet the needs of my/our family. This includes agreeing to an acceptable withdrawal date, referrals to other agencies, and counseling by the AGAPE staff. After my/our child is withdrawn the agreement is canceled.
15. I/We understand that payments for the program must be received according to the payment schedule listed in the Preschool Handbook and Policies for my/our child to continue participating in the Preschool program. I/We understand that payments are collected on the 1st of the month and a \$20 late payment fee will be charged for each uncollectable fee and/or my account may be frozen, or my child suspended from the program(s).
16. I/We understand that unscheduled School closures, due to weather or other unforeseen emergencies, will not be refunded or rescheduled.
17. All required forms and documents must be completed and returned before the program begins. Failure to submit all required forms will result in your child being suspended from the program.
18. I/We understand that if it becomes necessary to withdraw from the AGAPE Preschool, I/we must provide written notification to the Director at least two weeks prior to my child's last day of enrollment. I/We understand I am/we are responsible for all tuition payments due prior to last day of participation. I/We understand that by withdrawing early, I/we forfeit all paid tuition and security deposit.
19. I/we must provide a certified copy of our child's birth certificate, or other reliable proof of identity and age, within 30 days of enrollment. I/We have been informed that failure to produce this documentation will result in Illinois State police and/or local authorities being notified.

Child's Name \_\_\_\_\_

**AGAPE PRESCHOOL**

**1401 Wagner Road, Glenview, IL 60025**

---

**CONSENT & RELEASE**

AGAPE does not assume liability for injuries which may occur in or about its parks, playgrounds, or other premises intended for recreational purposes. Moreover, AGAPE and its employees are expressly exempt from such liability (absent, willful, and wanton negligence) by section 3-106 of chapter 85 of the Illinois revised statutes. Accordingly, hospitalization insurance is the sole responsibility of each child’s parents or guardian and permission by each parent or guardian is required prior to any child’s participation in the program.

I/We hereby give permission for my/our child \_\_\_\_\_ to participate in (name of program): \_\_\_\_\_.

I/We further state that I/we have read and understand the Terms and Conditions and the foregoing paragraph with respect to the liability of the School and its employees and hereby release and discharge them from any and all claims arising from injuries resulting from my child’s use of the parks, playgrounds, or other recreational premises belonging to or under control of the AGAPE Preschool.

*If submitting this form online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original signature.*

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE: If applicable, two parental/guardian signatures are required. Please keep a copy for your records.**

Child’s Name \_\_\_\_\_

---

---

## **AGAPE CHRISTIAN ACADEMY**

1401 Wagner Road, Glenview, Illinois

### **GUIDANCE & DISCIPLINE POLICY**

In our programs, discipline is viewed as teaching the child. This consists of both setting consistent limits and enforcing the limits, if necessary. The child is to be given guidance through such positive reinforcement as praise and special recognition.

As a staff, we are to work towards strengthening each child's self-confidence and self-esteem, making them feel good about themselves and taking responsibility for their own behavior. Positive relationships are to be encouraged, as well as development of trust.

When a conflict arises, children are to be given the chance to talk about what happened and how they feel. This will help them to use words, rather than physical action.

If a situation occurs in which a child needs to take some time out from an activity to calm down, it will be no longer than one minute per year of age. This is not to be viewed as punishment, but as an opportunity to practice self-control.

As a staff we feel these methods are both effective and most respectful to the children. Given respect, children feel an important part of the group and have a sense of self-reliance.

#### **WHEN WORKING WITH CHILDREN, STAFF WILL IMPLEMENT THIS POLICY IN THE FOLLOWING WAYS:**

1. Find out the cause of the behavior.
  2. Set a standard of behavior and maintain it. Act with consistency.
  3. Allow the children to help make and enforce the rules.
  4. Think before they act. Be fair and just, not judgmental.
  5. Follow through with discipline and treat all children fairly.
  6. Make limits clear and understandable to the child.
  7. Inform the Director and parents/guardians of any behavior concerns they are having, as the Director and/or parents/guardians may be able to provide some insight.
  8. Document any behaviors that are consistent and of concern.
-

# AGAPE PRESCHOOL

1401 Wagner Road, Glenview Illinois 60025

---

## **PARENTS/GUARDIANS NEED TO HELP IMPLEMENT THE POLICY IN THE FOLLOWING WAYS:**

This policy statement is listed in our *Preschool Handbook*. Parents/Guardians will be informed of any behavior concerns we are having. You are a wealth of knowledge on your child and can help by sharing what works for you and your concerns. It is important you know we are a team and want to work together in the best interest of your child.

## **THE CHILD'S ROLE IN IMPLEMENTING THE POLICY:**

The children help to determine classroom rules, which are presented to them with clarity and followed with consistency. When talking with a child about his/her behavior, staff will ask him/her what he/she feels the right thing is to do and what rule to follow, so they know the child understands the situation and behavior.

---

ENROLLMENT FORMS | Page 12

Child's Name \_\_\_\_\_

ENROLLMENT FORMS | Page 13

# AGAPE PRESCHOOL

1401 Wagner Road, Glenview Illinois 60025

---

Child's Name \_\_\_\_\_

**STEPS TAKEN BETWEEN PARENTS/GUARDIANS AND STAFF TO PHASE OUT A CHILD'S DISRUPTIVE BEHAVIORS:**

1. Parents/Guardians will be informed of any behavior concerns staff is having.
2. Parents/Guardians will be asked to share what works for them at home.
3. Parents/Guardians and staff will work together to figure out what might be causing the behavior.
4. AGAPE Director and/or teachers will set up a conference with the parents/guardians to go over the above items and set-up a plan to phase out the child's specific behavior. A date for a follow-up conference will be set at this time to go over the child's progress and what steps come next. The time frame will depend on the severity of the behavior.
5. During a second conference, Director and/or teachers and parents/guardians will review if progress has been made. If necessary, staff and parents/guardians will revise the plan and set a date for a third conference to include the Director.
6. If at the time of the third conference staff has seen no improvement in a child's behavior and acting in the best interest of the child and classroom, he/she will be withdrawn from the program. A withdrawal date will be set at that time and appropriate referrals will be made.

As stated in our Terms & Conditions, if it is determined in a conference with the teacher and/or Director that it is in the best interest of the child to disenrollment, every effort will be made to meet the needs of the family. This includes agreeing to an acceptable withdrawal date, referrals to other agencies, and counseling by the AGAPE Preschool staff. After the child is withdrawn, the Terms & Conditions agreement is canceled.

*If submitting this form online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original signature.*

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

---

Child's Name \_\_\_\_\_

# AGAPE PRESCHOOL

1401 Wagner Road, Glenview Illinois 60025

---

## MEDICATION CONSENT FORM

AGAPE will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The school's internal procedures on dispensing medication are available for review.

NAME OF PROGRAM \_\_\_\_\_ DATE \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
(Name of parent/guardian) (Name of child)

give permission to the staff of the AGAPE to administer the following medication to my child:

\_\_\_\_\_  
(Name of medication)

I understand that it is my responsibility to give the medication directly to the program staff in the original prescription container(s), clearly labeled with the following information:

Participants name \_\_\_\_\_

Name of medication and complete dosage instructions \_\_\_\_\_  
\_\_\_\_\_

In all cases, the recommended dosage of any medication will not be exceeded. If, after administering medication, there is an adverse reaction, I give permission to the AGAPE Preschool to secure any treatment deemed necessary for immediate care from any licensed hospital physician and/or medical personnel. I agree to be responsible for payment of all medical services rendered.

Child's Name \_\_\_\_\_

# AGAPE PRESCHOOL

1401 Wagner Road, Glenview Illinois 60025

---

## WAIVER & RELEASE OF ALL CLAIMS

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the AGAPE administering medication to my minor child, I do hereby fully release or discharge the AGAPE and its officers agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

*If submitting this form online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original signature.*

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



**AGAPE PRESCHOOL**  
**1401 Wagner Road, Glenview, Illinois**

---

**MEDICATION DISPENSING INFORMATION**

**BACKGROUND INFORMATION**

Participant's name \_\_\_\_\_ Age \_\_\_\_\_  
Full address \_\_\_\_\_  
Parent's/Guardian's name(s) \_\_\_\_\_  
Daytime phone \_\_\_\_\_ Other phone \_\_\_\_\_  
Program name \_\_\_\_\_  
Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor's address \_\_\_\_\_

---

**MEDICATION INFORMATION**

1. Name \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_  
Dispensing & storage instructions \_\_\_\_\_  
Possible side effects \_\_\_\_\_

2. Name \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_  
Dispensing & storage instructions \_\_\_\_\_  
Possible side effects \_\_\_\_\_

3. Name \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_  
Dispensing & storage instructions \_\_\_\_\_  
Possible side effects \_\_\_\_\_

---

**AGAPE PRESCHOOL**  
**1401 Wagner Road, Glenview, Illinois**

---

OTHER INFORMATION \_\_\_\_\_

\_\_\_\_\_

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Park District if any changes in the dispensing of medication occur.

*If submitting this form online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original signature.*

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_