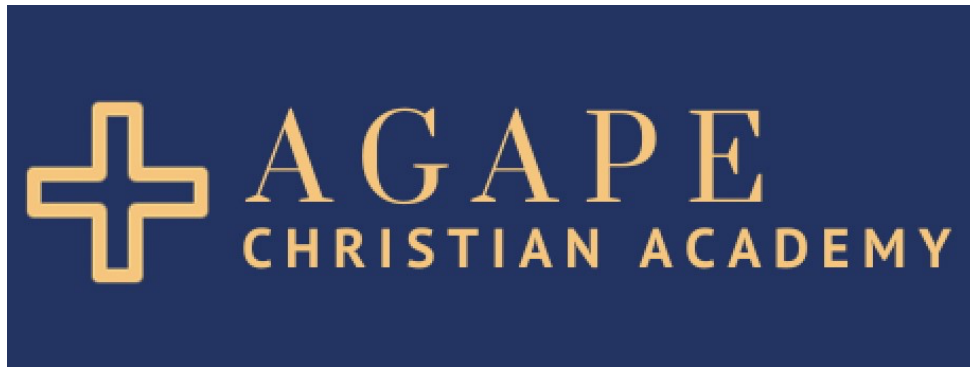


AGAPE PRESCHOOL
1401 Wagner Road, Glenview, Illinois



ENROLLMENT FORMS

2024 – 2025

AGAPE PRESCHOOL
1401 Wagner Road, Glenview, Illinois

STUDENT ENROLLMENT PACKET CHECKLIST

Child's name _____

This checklist will guide you to complete the documents needed for your child's file in accordance with the *Department of Children and Family Services* licensing regulations. Please submit this completed checklist with your forms.

*** PACKET MUST BE COMPLETED AND TURNED IN BY AUGUST 9, 2024 SO YOUR CHILD IS READY TO START THE FIRST DAY OF SCHOOL. PLEASE SEND IN THE 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)

Please do not hesitate to contact me if you have any questions.

Julie Mantice

Director of AGAPE Christian Academy

Saints Peter and Paul Greek Orthodox Church

1401 Wagner Road

Glenview, IL 60025

Child's Name _____

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ENROLLMENT APPLICATION & EMERGENCY INFORMATION
2024 – 2025

PLEASE CHECK THE PROGRAM THAT YOU ARE CHILD WILL BE ENROLLED IN THE FALL:

Dove Class (Age 2 by 9/1/2024)

Tuesday, Thursday	8:45am to 11:30am
Monday, Wednesday, Friday	8:45am to 11:30am
Monday - Friday	8:45am to 11:30am

Fishermen Class (Age 2 ½ by 9/1/2024)

Monday-Thursday	8:45am to 11:45am
Monday - Friday	8:45am to 11:45am

Disciple Class (Age 3 by 9/1/2024)

Monday – Thursday	8:45am to 1:00pm
Monday - Friday	8:45am to 1:00pm

Apostle Class (Age 4 by 9/1/2024)

Monday – Friday	8:45am to 2:00pm
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Saints Class (Age 5 by 9/1/2024)

Monday – Friday	8:45am to 3:00pm
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STUDENT INFORMATION:

Child's Name _____ Baptismal Name _____

Address _____
City _____ Zip _____

Gender M F Birthdate _____ Birthplace _____

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 _____

Cell phone number _____ Work phone number _____
Email Address _____ Work days/hours _____

Child's Name _____

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Second Parent (or Legal Guardian) to Call _____ Marital Status _____

Parent/Guardian's Home Address _____

Cell phone number _____ City _____ Zip _____
Work phone number _____

Email Address _____ Work days/hours _____

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 _____

Child's Name _____

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EMERGENCY CONTACTS

In case of emergency, I/we authorize the following person/people to pick up my/our child if parents cannot be reached:

****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.

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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 _____

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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? _____

What method of behavior control is used in your home? _____

What is your child's reaction? _____

Child's Name _____

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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.

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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 Preschool 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 AGAPE Preschool.
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 Christian Academy to use pictures and/or videos of my/our child for parent programs, informative displays, brochures, advertisements, newspapers and other media articles.
12. I/We agree to release the AGAPE Christian Academy its administrators, directors, teachers and staff from all liability in case of accidents.

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TERMS & CONDITIONS (CONT.)

13. I/We have received and read the AGAPE Preschool Guidance and Discipline policy.
I/We understand that this policy will be enforced daily by the Preschool.
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 Preschool staff. After my/our child is withdrawn, the agreement is canceled.
15. I/We understand that payments for the Preschool program must be received according to the payment schedule listed in the Preschool Handbook and Policies in order 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 Preschool 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 have been informed that in accordance with DCFS policy, 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.

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CONSENT & RELEASE

AGAPE Preschool does not assume liability for injuries which may occur in or about its parks, playgrounds, or other premises intended for recreational purposes. Moreover, AGAPE Preschool 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): AGAPE Preschool and its Programs.

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 Preschool 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 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 _____

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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.

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

This policy statement is listed in our *Parent 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.

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GUIDANCE & DISCIPLINE POLICY (cont.)

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.

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 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 _____

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MEDICATION CONSENT FORM

AGAPE Christian Academy 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 Preschool 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.

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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 Christian Academy 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 _____

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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 _____

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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 AGAPE Christian Academy 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 _____

Signature of Parent/Legal Guardian _____ Date _____