

# Creative Beginnings

Early Education



Parent Handbook  
2019

# Creative Beginnings Preschool

## 2019-2020

Welcome to Creative Beginnings Preschool. We are delighted that you and your family have chosen our school for your child's education. Please read through the Parent Handbook and return all the necessary forms prior to the first day of school.

Elburn Community Center  
525 North Main St. #5  
Elburn, IL 60119  
(630) 365-9555  
elburncreativebeginnings.com

Kristy Williams  
Owner/Director  
Cell phone number (630) 802-3751  
elburncreativebeginnings@gmail.com

### HOURS OF OPERATION

9:15am-3:00pm- Monday through Thursday

9:15am-1:30pm on Friday

### CURRENT PROGRAMS

#### **Preschool Jr.**

Wed/Fr Morning (\$150 per month)

9:00am-11:30am

2.5 years of age

#### **Preschool**

Wed/Fr Morning (\$150 per month)

9:15am-11:45am

3 years of age

Mon/Tu/Th Morning (\$185 per month)

9:00am-11:30am

3 years of age

#### **Multi-Age**

Mon/Tu/Th Morning (\$185 per month)

9:15am-11:45am

3,4 and 5 years of age

#### **Pre-Kindergarten**

Mon/Tu/Wed/Th Afternoon (\$235 per month)

12:15pm-2:45pm

4 and 5 years of age

Mon/Tu/Wed/Th Afternoon (\$235 per month)

12:30pm-3:00pm

4 and 5 years of age

#### **Literacy Club**

Friday Afternoons (\$50 per month)

12:15 to 1:30pm

4 and 5 years of age

# Creative Beginnings Mission Statement

As preschool is often the first time in a classroom for many children, we believe it is essential to provide a positive and enjoyable experience as the building block to a successful education. We strive to make every activity both fun and educational so that the students may get the most from their time socially and academically, fully preparing each child for the next level of education.

## About the Director/Owner

Ms. Kristy - I began my career by focusing on my own education, obtaining a degree in Human Services and Early Childhood Education as well as studying American Sign Language. Along with over fifteen years experience, I have continued attending classes, seminars, and conventions in order to stay current with the ever-growing field and provide the best experience for my students. I have taught in a variety of classrooms including three-year-olds, four-year-olds and Pre-Kindergarten as well as Early Childhood Music, Sign Language, and Fitness, and I am confident that these experiences have prepared me to better assess and assist the development of my students.

## CLASS DESCRIPTIONS

**Preschool Program** - The two and three-year-old classes will focus on the building blocks of early education. In class, we will work on important social skills that will help each child to make and keep friends. This class will also include activities designed to promote basic letter recognition, number recognition and other age appropriate academics. All children must be fully potty trained before their first day.

**Pre-K Program** - The Pre-K class is designed to encourage individual growth in each curriculum domain. Adding an extra focus on letter recognition, cognitive skills and writing skills as well as working to further advance the children's social skills, we help each child to be prepared for kindergarten and beyond. Pre-K children must be four years of age by September 1<sup>st</sup>.

**Multi-Age Program**- The multi-age class is geared for children ages three to five. The class curriculum will have projects that challenge students academically as well as socially. Children will be encouraged to grow their cognitive, language, and motor skills in the most creative and educational ways.

**Literacy Club**- is an extension of our Pre-K program offered to students on Friday afternoons, 12:15pm-1:30pm. The additional hour of class time will focus on the literacy and cognitive skill needed for kindergarten readiness. Each day will have a letter based theme and will follow the jolly phonics lessons. Pre-K children must be 4 by September 1<sup>st</sup>.

\*Each class will include an introduction to Jolly Phonics, basic yoga, Spanish and sign language.

# DAILY SCHEDULE

## AM Classes:

**9:15 Wash hand and morning table activities-** Children explore at tables until fellow classmates have completed the hand washing process.

**9:40 Welcome Circle** - An introduction to the day's theme and activities, job chart.

**9:50 Classroom Interest Centers** - Cognitive, science, handwriting practice, art, and social activities, as well as small-group/one-on-one skill practice with teachers.

**10:45 Clean-up** - Work together to clean up the classroom and transition into the following activity.

**10:55 Snack** - Wash hands and practice social skills needed in a family-style served snack.

**11:15 Second Circle** - Book, calendar, weather, songs, and review of the day's activities.

**11:25 Large Motor** - Practice of large motor skills

**11:45 Pick-up** - Parent review and child release to parent(s) and/or guardian.

## PM Classes:

**12:30 Wash hand and morning table activities-** Children explore at tables until fellow classmates have completed the hand washing process.

**12:50 Welcome Circle** - An introduction to the day's theme and activities, job chart.

**1:00 Classroom Interest Centers** - Cognitive, science, handwriting practice, art, and social activities, as well as small-group/one-on-one skill practice with teachers.

**2:00 Clean-up** - Work together to clean up the classroom and transition into the following activity.

**2:10 Snack** - Wash hands and practice social skills needed in a family-style served snack.

**2:30 Second Circle** - Book, calendar, weather, songs, and review of the day's activities.

**2:40 Large Motor** - Practice of large motor skills

**3:00 Pick-up** - Parent review and child release to parent(s) and/or guardian.

# HOLIDAY/VACATION SCHEDULE

The first day of classes will be the Tuesday after Labor Day: September 3<sup>rd</sup>, 2019. The last day of classes will be the week before Memorial day.

A copy of the school's calendar is available in the Downloads section of the preschool's website.

Creative Beginnings will follow the Kaneland School Dist. 302 Holiday Calendar.

We close for the following holidays:

- Labor Day
- Columbus Day
- Thanksgiving Break
- Winter Break
- Martin Luther King, Jr. Day
- Presidents' Day
- Spring Break
- Easter Break

Please note that we do not take days off for the school district's Teacher's Institute days. We instead count these days as built-in snow days to cover inclement weather days.

## Supply List

In order to keep tuition costs down, we ask each child to donate these items or provide a gift card that will be used throughout the school year: (List will be updated and sent out before the school year to ensure we only ask for the supplies that are necessary for the year.)

- 1 box of 5 oz. Dixie cups
- 1 container of playdough
- 1 package of thin low odor colored dry erase markers
- 1 box of WASHABLE thick Crayola markers
- 1 ream of Crayola construction paper
- 1 3 ring binder ½ inch thick (easiest to find on amazon)

\*Parents are welcome to donate peanut-free snacks (example: graham crackers, pretzels, ritz crackers) and 100% juice, but this is not required.

For your convenience the school will take care of all supplies if you donate a \$50 gift card to one of the following stores... Target, Walmart, Amazon or Aldi

We require each child to have a change of clothes to keep in his/her locker in case of an emergency.

## First Day!

Please bring the following items on or before your child's first day:

- All enrollment forms
- First and last month's tuition, payable by check to Creative Beginnings
- A change of clothes, with your child's name in a gallon size zip block bag.
- A closable water bottle with your child's name that is filled daily with only water.

No juice, please. (Optional)

# Creative Beginnings Policies and Procedures

## COMMUNICATION

- Parents will receive, through email, a monthly newsletter outlining the curriculum for the following month.
- A handout will be available through Tadpoles with weekly information that the parents can use at home.
- Parents can find information about upcoming events through the website at [elburncreativebeginnings.com](http://elburncreativebeginnings.com) and through Facebook [www.facebook.com/elburncreativebeginnings/](https://www.facebook.com/elburncreativebeginnings/)
- Each parent will receive a Tadpoles communication email at the end of each school day.
- Parent/Teacher Conferences will be offered as followed:
  - o Pre-K age students in November and March
  - o Underclassmen in January
- Once the enrolment process is complete, parents are welcome to join our private parent run communication Facebook page at <https://www.facebook.com/groups/359185941183768/>

## TADPOLES

Tadpoles is an app that enables early childhood educators to manage their classrooms and communicate their students' progress to parents and guardians. The free Tadpoles Parent app enables parents and guardians to view their child's lesson plans and photos at any time. Absences can also be reported through the app. On a daily basis, your Tadpoles email will include the following:

- A copy of the day's lesson plans
- At least one picture of the child daily
- Any notes and/or reminders for the parents
- Extra practice materials that families can use at home

## GUIDANCE AND DISCIPLINE POLICY and PROCEDURES

- All rules will be kept simple and easy for the children to follow.
- All rules will be consistent for every child in the program.
- If a situation occurs, the child will be redirected to an appropriate activity.
- If, after redirection, the situation occurs again, the student and teacher will have a one-on-one conversation about the child's actions and how we will work to improve them.
- If the situation continues, the parents will be informed.

The staff is prohibited from using any of the following as a form of guidance/discipline:

- Hitting, shaking, pinching, spanking or any other forms of corporal punishment.
- Depriving the student of snack or toilet use.
- Mental or emotional cruelty.

## **PERSONAL ITEMS BROUGHT TO SCHOOL**

- All personal items must stay behind in family's car or in child's locker located outside the classroom.
- No toys shall enter the classroom unless requested by the teacher.
- All clothing items (including jackets, hats, sweatshirts and boots) must be labeled with child's name.
- If your child chooses to bring a water bottle to school, please ensure that their name is clearly marked and only water is inside.

## **BIRTHDAYS**

- We encourage children to celebrate birthdays in class with a gift **or** a snack!

Children are welcome to bring in a special gift to share with their classmates. Some examples are a favorite book, a special toy or an item that the birthday child thinks the other students would enjoy sharing. If you would like other ideas please see the school's wish list at

<http://www.amazon.com/gp/registry/wishlist/3A9L2HM2XVMQB>

- The birthday child is also welcome to choose to bring in a birthday snack. Please be sure to note that the snack must follow all our food policies. (Please see paragraph below) Some examples are Dunkin Doughnuts, Oreos or rice crispy treats.

## **FOOD POLICY**

- Each child will have the opportunity to eat one snack served with juice daily.
- Birthday treats are welcome during the week of the child's birthday. Please be sure to follow all food policies when choosing the treats, and make sure to inform the teacher when you will be bringing the treat.
- All snacks and treats must be pre-packaged items and may not be homemade.
- All items must be in original packaging and include a complete ingredient label.
- Creative Beginnings is a **peanut and tree nut sensitive school**. Please do your best to only bring food and snacks that do not contain peanuts and/or tree nuts as they will not be served.

## **EMERGENCY MEDICAL CARE POLICY**

In case of a medical emergency requiring medical assistance, Emergency Services will be called immediately. The school will also inform the parents immediately. If the parents cannot be reached, the school will contact the emergency number that is provided. The child will be transported by ambulance to the nearest hospital.

## **HEALTH CARE, EMERGENCY MEDICAL CARE, AND ACCIDENT PROCEDURES**

Parents/Guardians need to sign a release form stating that they give permission for Creative Beginnings staff to seek medical treatment for their child. This is required before the child begins the program.

Parents need to provide a signed release form with their cell phone, work number, and two other emergency contacts. In an emergency, we will attempt to notify the parents first and then call the next authorized contact. Parents will receive notification of any illness, accident, or injury after treatment.

If a child is exempt from medical care based upon religious beliefs, the parents/guardians must provide a written statement along with phone numbers, names of contacts, and the service of a certified practitioner. If none of the above can be reached and the staff feels it is a life-threatening situation, the local emergency staff will be called to assist the child.

## **HEALTH CHECKS AND ATTENDANCE POLICY**

School is important to children of all ages. Regular attendance at school, even preschool, is important to help your child grow and mature. Please make every attempt to be sure that your child is able to attend every day and is on time for the start of the class. However, when a child is sick, it is best for everyone, including the child, to stay home when the child does not feel well. At Creative Beginnings we do our best to promote a healthy environment for your child.

It is the policy of the school that the staff shall conduct a daily, pre-admission screening to determine if the child has obvious symptoms of illness. If a child becomes ill at school, a parent/guardian will be called to take the child home. The child will be isolated from the other students in class until a parent/guardian is available.

A child with any communicable disease should be kept at home. Examples of communicable diseases include, but are not limited to the following: Temperature of 100 degrees axillary, vomiting or diarrhea (2 or more episodes in a 24 hour period), influenza, chicken pox, lice, pink eye, measles, mumps, pinworm, ringworm, impetigo (contagious skin sores), scabies, or any unidentified rash.

We also require that all confirmed communicable diseases are reported to Creative Beginnings. If any confirmed cases of communicable diseases are reported, a sign will be posted with the symptoms to watch for.

**All students must be symptom free for 24 hours before returning to the school.**

Please note, if your child will not be attending class for the day, we ask that you please notify the staff through Tadpoles or calling the school at (630) 365-9955 or emailing prior to the start of the school day.

## **MEDICATION POLICY**

- All medications must be labeled with the child's first and last name.
- Medicines are located in a central location and kept out of children's reach.
- Medications are never dispensed without prior parental written permission.
- Expired medications will not be dispensed.

## **PERSONAL INFORMATION POLICY**

- It is the policy of Creative Beginnings Early Education not to release to the public any information about any student that is enrolled without written consent from the parent or guardian. All records will be kept confidential.

## **USE OF PHOTOGRAPHS FOR PUBLICITY PURPOSES**

- Parents may sign the release form to give Creative Beginnings permission to use photos for the newspaper, preschool website and/or Facebook.
- Unless a signed consent form is on file, your child's photograph will not appear for publicity purposes at the direction of Creative Beginnings Early Education.

## **HIGH SCHOOL AND COLLEGE STUDENT RESEARCH POLICY**

- Creative Beginnings does allow high school and college-aged students to attend class to observe the children through the process of play. Observing students in the classroom is often a requirement for students in the field of Early Childhood Education.
- All information about the students will be kept confidential.

## **FIELD TRIPS**

- All field trips will be planned in advance.
- Outings will be well supervised, and parents may be asked to take an active part in field trips.
- If a field trip is planned outside walking distance from the school, parents/guardians will be asked to drop off and pick up their child from the field trip location.
- We will use the playground on the south side of the community center as excursion with parent's written consent.

## **PUBLIC PARK USAGE**

The playground on the south side of the community center is operated by the Village of Elburn. We, as well as anyone from the public, are able to use this playground. It is not for the private use of Creative Beginnings and our students. Parents/Guardians are asked to sign the "Trips, Excursions, and Public Park Facilities" release form stating that their child may use this playground while attending Creative Beginnings Early Education.

## **APPROPRIATE DRESS FOR YOUR CHILD**

- Children shall arrive to school in simple clothing that is free of complicated fastenings.
- Shoes must have closed toes and give children the ability to run without tripping.
- Snow boots must be changed before entering the classroom.
- All children are encouraged to participate in the daily activities. Some of these activities may be messy art and/or science projects. Please provide clothing that is easily washable. We do our best to keep children's clothing clean, but occasionally paint will get on the clothing.
- Please feel free to bring an additional sweatshirt for your child as the classroom can get cold in the winter months.
- We will go outside when the temperature is above 40 degrees including wind chill. Please be sure to provide children with weather-appropriate clothing and always bring a coat to school.
- All clothing items (including jackets, hats, sweatshirts and boots) must be labeled with the child's name.

## **INCLEMENT WEATHER POLICY**

- Creative Beginnings follows the Kaneland Community School District 302 for inclement weather days.
- An email will be sent out to inform parents of a school closure due to weather.
- A text through Tadpoles will also be sent out to parents.
- Three days are built into the school calendar each year. After three days missed, the school will add make-up days to the end of the school year.

## **ABUSE PREVENTION POLICY**

- All teachers at Creative Beginnings are mandated reporters.
- Evidence of child abuse must be reported to authorities as required by the Abused and Neglected Child Reporting Act (Illinois Revised Statute 1991 Chapter 23, Pars. 2051-et. seq.).
- Verbal and/or physical abuse of the children will not be tolerated.

## **SCHOOL HARASSMENT POLICY**

Acts of harassment or intimidation will not be tolerated. This includes, but is not limited to, harassment and/or intimidation based on sex, race, religion, or national orientation. Those who use such behavior(s) towards employees or students will be subject to disciplinary action.

## STUDENT SAFETY

- Teachers must wear gloves at all times when in contact with bodily fluids.
- Teachers and students will participate in monthly fire and tornado drills.
- Children will never be left alone and will always be within sight and sound.
- Correct ratios will be maintained in the classroom at all times.

## CHEMICALS and SUPPLIES

All chemicals and potentially dangerous products will be stored out of reach of the children or in a locked cabinet.

## FEES and TUITION

	Preschool Jr.	Preschool	Preschool	Multi-Age	Pre-Kindergarten	Pre-Kindergarten	Literacy Club
Class Time	Wed/Fr 9:00-11:30	Wed/Fr 9:15-11:45	Mon/Tu/Th 9:00-11:30	Mon/Tu/Th 9:15-11:45	Mon/Tu/Wed/Th 12:15-2:45	Mon/Tu/Wed/Th 12:30-3:00	Friday 12:15-1:30
Ages	2.5	3	3	3-5	4-5	4-5	4-5
Regular Tuition	\$150	\$150	\$185	\$185	\$235	\$235	\$50
Sibling Discount	\$128	\$128	\$157	\$157	\$200	\$200	----
Full Year With 5% Discount	\$1,282	\$1282	\$1,581	\$1,581	\$2,009	\$2,009	\$427.50

- A yearly registration fee of \$75 will be used to provide materials for your child throughout the school year.
- Tuition is due on the 1<sup>st</sup> of the month and can be paid by check to Creative Beginnings.
- There will be a late fee of \$10 if the tuition is not paid by the 7<sup>th</sup> of each month.
- A fee of \$25 will be charged for a bounced check.
- No refunds will be given for sick and/or vacation days.
- Creative Beginnings offers a 15% discount for siblings
- Creative Beginnings offers a 5% discount for paying for the entire school year at beginning of the school year.

## ENROLLMENT POLICY

- Enrollment will be secured by submission of an approved registration packet and enrollment fee.
- All children must have a current physical (with results dated within the last 6 months) including lead screening and a TB test done by the Mantoux method. Forms must include immunizations as required by the state of Illinois and must be submitted **before** attending the first day of school.
- The child must have successfully completed the toilet training process.
- Enrollment shall be open to any child, provided the school can meet the needs of the child.
- First and last month's tuition shall be paid before the child's first day.
- Enrollment in the school shall be granted without discrimination in regard to sex, race, or religious belief.

# Form/Release Checklist

The following forms are required to be returned along with the enrollment fee to complete the registration process. Please be sure all information is written legibly in case of an emergency.

- Registration Application for Creative Beginnings
- Emergency Contact List
- Medical Release Form
- Family and Social History
- Authorization for Pick Up
- Guidance and Discipline Receipt
- Parent Handbook Receipt
- Late Pick Up Policy
- Trips, Excursions, and Public Park Facilities
- Emergency Medical Care and/or First Aid
- Integrated Pest Management Program
- Consent For Student Research
- Photo Release Consent Form
- DCFS License Summary Receipt

The following is required before your child's first day:

- First and last month's tuition.
- DCFS Medical Form from your doctor's office (must be dated within 6 months of starting the program).
- Eye doctor and Dentist visits are highly encouraged but not required. Please note that if you do not have documentation of a yearly hearing and vision screening on file for your child DCFS requires your child will need to participate in the school's screening days for an additional fee of \$20 due the month of the testing.
- Current Immunizations Records
- Certified Birth Certificate (Please bring in the original for us to copy)

## **DROP-OFF PROCEDURES**

- Upon arrival, a parent or guardian must sign their child in and accompany them to the classroom.
- Personal items such as coats and winter boots are stored in the child's personal locker, located in the hallway outside of the classroom, prior to the start of class.
- We discourage children from bringing toys to school unless otherwise specified by the teacher for a special occasion. All toys must be left in the car or in your child's personal locker.
- Children will not be permitted to enter the classroom until the designated start time. Students shall be prepared to start on time as the first activity will start promptly at the beginning of class.
- Parents need to drop off children to the teacher outside the classroom. Long drop-offs are hard on young students. Please be ready to say a quick goodbye when the teacher opens the door for the beginning of class.
- Please note - for the safety of the children, the classroom door will only be open for the first 10 minutes of class or until all the students arrive. If a student is more than 10 minutes late, he/she must ring the doorbell on the classroom door to enter as it will be locked after the beginning of class.

## **PICK UP PROCEDURES**

- Parents are asked to wait outside the classroom until the conclusion of class.
- Parents must sign children out on the clipboard located outside the classroom before the child will be released.
- Children will only be released to those authorized in writing.
- Individuals listed under the "Authorization For Pick Up" consent form must show a valid picture ID before the teacher will release the child.
- A temporary pick-up authorization must be filled out by the parent prior to the release of the child.

## **LATE PICK UP**

- Parents/guardians shall make every effort to pick up students promptly at the conclusion of class.
- Parents must notify their teacher by calling the school if they will be more than 5 minutes late.
- Parents will be responsible for paying a fee of \$10 if they are more than 10 minutes late and \$1 for every minute thereafter.
- After 15 minutes late, with no contact from the parents, the school will try to contact the family by phone. They will continue calling every 15 minutes until contact has been made. For the safety of the children it is of the utmost importance to always have the most up to date contact information on file. Please remember to promptly update information when receiving a new phone number or have moved to a new address.
- The staff at school will care for child for an hours time. If parents and or other emergency contacts (listed on the enrolment forms) are not reached after an hour's time, the school will call the appropriate authorities as per DCFS regulations. The staff is responsible for caring for the child until the parent are able to pick or outside authority's can take over care.
- The staff shall not hold the child responsible for the situation and that discussion of this issue will only be with the parent or guardian and never with the child.

## **WITHDRAWAL POLICY**

Children will be withdrawn from the program for the following reasons:

- Voluntary withdrawal by the parents. Parents must provide a written notice 30 days in advance.
- Necessary birth certificate is not provided within 30 days of the child's first day
- Non-payment of tuition
- If it is in the best interest of the child and/or the other participants in the school, every effort will be taken to keep children in the preschool program. Withdrawing a child will not occur until a meeting with the parents and staff is held to formulate a plan of action to help the child adjust and be successful.
- Any child who, after attempts have been made to meet the child's individual needs, demonstrates inability to benefit from the type of care offered by the facility, or whose presence is detrimental to the group, shall be discharged from the facility.

Please contact Kristy if you have any questions regarding Creative Beginnings Policies.

(630)365-9555

[elburncreativebeginnings@gmail.com](mailto:elburncreativebeginnings@gmail.com)

Revised Jan 2019

# Form/Release Checklist

The following forms are required to be returned along with the enrollment fee to complete the registration process. Please be sure all information is written legibly in case of an emergency.

- Registration Application for Creative Beginnings
- Emergency Contact List
- Medical Release Form
- Family and Social History
- Authorization for Pick Up
- Guidance and Discipline Receipt
- Parent Handbook Receipt
- Late Pick Up Policy
- Trips, Excursions, and Public Park Facilities
- Emergency Medical Care and/or First Aid
- Integrated Pest Management Program
- Consent For Student Research
- Photo Release Consent Form
- DCFS License Summary Receipt

The following is required before your child's first day:

- First and last month's tuition.
- DCFS Medical Form from your doctor's office (must be dated within 6 months of starting the program).
- Eye doctor and Dentist visits are highly encouraged but not required. Please note that if you do not have documentation of a yearly hearing and vision screening on file for your child DCFS requires your child will need to participate in the school's screening days for an additional fee of \$20 due the month of the testing.
- Current Immunizations Records
- Certified Birth Certificate (Please bring in the original for us to copy)

---- THIS PAGE IS INTENTIONALLY LEFT BLANK ----

2019

# REGISTRATION APPLICATION FOR CREATIVE BEGINNINGS

Child's legal name: \_\_\_\_\_

Child's name to be used at school: \_\_\_\_\_

Child's birth date: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's Email address: \_\_\_\_\_ Mother's cell phone: (    )    -

Mother's work: \_\_\_\_\_ Job Description: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's Email address: \_\_\_\_\_ Father's cell phone: (    )    -

Father's work: \_\_\_\_\_ Job Description: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home phone number: (    )    -

Choose the class in which your child will be enrolled:

	Preschool Jr.	Preschool	Preschool	Multi-Age	Pre- Kindergarten	Pre-Kindergarten	Literacy Club
Class Time	Wed/Fr 9:00-11:30	Wed/Fr 9:15-11:45	Mon/Tu/Th 9:00-11:30	Mon/Tu/Th 9:15-11:45	Mon/Tu/Wed/Th 12:15-2:45	Mon/Tu/Wed/Th 12:30-3:00	Friday 12:15-1:30
Ages	2.5	3	3	3-5	4-5	4-5	4-5
Regular	\$150	\$150	\$185	\$185	\$235	\$235	\$50
Class To Be Enrolled In							

A non-refundable, non-transferable registration fee of \$75 must be paid with the return of this application. Checks can be paid to the following:

Creative Beginnings

525 N. Main St. # 5 Elburn, IL 60119

\_\_\_\_\_ (For Office Use Only) \_\_\_\_\_

Deposit received: \_\_\_\_\_

Check Number: \_\_\_\_\_

Start date: \_\_\_\_\_

Withdrawal/graduation date: \_\_\_\_\_

# EMERGENCY CONTACT LIST

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

Mother's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Name of Mother's Work \_\_\_\_\_ Work Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Name of Father's Work \_\_\_\_\_ Work Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other \_\_\_\_\_

Preferred number to call first: \_\_\_\_\_

Preferred number to call second: \_\_\_\_\_

## Additional Emergency Contacts

(Please include at least 2 additional emergency contacts)

1) Name \_\_\_\_\_

Relationship To Child \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2) Name \_\_\_\_\_

Relationship To Child \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3) Name \_\_\_\_\_

Relationship To Child \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4) Name \_\_\_\_\_

Relationship To Child \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

# CREATIVE BEGINNINGS MEDICAL RELEASE FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy # \_\_\_\_\_

Group #: \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Please list your child's allergies, reactions, severity and treatment (please be specific)

1) \_\_\_\_\_ Reaction/Severity: \_\_\_\_\_

Treatment: \_\_\_\_\_

2) \_\_\_\_\_ Reaction/Severity: \_\_\_\_\_

Treatment: \_\_\_\_\_

3) \_\_\_\_\_ Reaction/Severity: \_\_\_\_\_

Treatment: \_\_\_\_\_

Additional Medical Concerns: \_\_\_\_\_

To Whom It May Concern: The undersigned does hereby give permission for the above named child to attend and participate in activities sponsored by the Creative Beginnings Preschool. I understand that in the event medical treatment is required for the above named child, every effort will be made to contact me. However, if I cannot be reached, I authorize an adult in whose care the minor has been entrusted to consent to any x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

# FAMILY AND SOCIAL HISTORY

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

In order to help the teachers learn a little bit about your child, please take a moment to complete the Family and Social History form. Thank you.

Child's nickname: \_\_\_\_\_

Parents' marital status (circle): Married Partner Single Divorced Remarried Widowed

Who does your child live with? Mom Dad Both Grandparents Other \_\_\_\_\_

Is there a custodial/ legal arrangement that the staff need to be aware of? Yes No

If yes please provide legal documentation for our records.

Primary language spoken at home: \_\_\_\_\_ Secondary language: \_\_\_\_\_

Is your child independently toilet trained? \_\_\_\_\_

Child's favorite toy(s) and interest(s): \_\_\_\_\_

Has your child ever attended another preschool or play group? \_\_\_\_\_ Where? \_\_\_\_\_

What elementary school will your child attend for kindergarten? \_\_\_\_\_

Does your child have a special or restricted diet? \_\_\_\_\_

Please list siblings and their birthdate(s):

1) \_\_\_\_\_ Birthdate: \_\_\_\_\_

2) \_\_\_\_\_ Birthdate: \_\_\_\_\_

3) \_\_\_\_\_ Birthdate: \_\_\_\_\_

4) \_\_\_\_\_ Birthdate: \_\_\_\_\_

5) \_\_\_\_\_ Birthdate: \_\_\_\_\_

Are there any holidays in which you do not want your child to participate?

\_\_\_\_\_

Do you have any concerns about your child's speech, language, hearing, vision or development?  
Please briefly describe your concern.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other questions, concerns or comments?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# AUTHORIZATION FOR PICK UP

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

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

I understand that only those individuals listed on this page are authorized to pick up my child. Under no circumstances will my child be released by Creative Beginnings to any other individuals. Parents/Guardians must be listed.

Name	Address	Relationship	Cell Phone	Work Phone

## DAYCARE TRANSPORTATION SCHEDULE

\_\_\_\_\_ We don't have a daycare provider and I will be picking up and dropping off on most days.

\_\_\_\_\_ Our daycare varies in schedule

\_\_\_\_\_ Our daycare provider commonly transports our child. Here is their schedule.

	Person Dropping Off	Person Picking Up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

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

# **GUIDANCE AND DISCIPLINE POLICY**

Guidance/discipline will be consistent for each and every situation at school. It is the school's policy to provide guidance and discipline when it is developmentally appropriate and is realistic to the situation. When it becomes necessary to provide guidance/ discipline, the following steps will be followed:

- All rules will be kept simple and easy for the children to follow.
- All rules will be consistent for every child in the program.
- If a situation occurs, the child will be redirected to an appropriate activity.
- If, after redirection, the situation occurs again, the student and teacher will have a one-on-one conversation about the child's actions and how we will work to improve them.
- If the situation continues, the parents will be informed.

The staff is prohibited from using any of the following as a form of guidance/discipline:

- Hitting, shaking, pinching, spanking or any other forms of corporal punishment.
- Depriving the student of snack or toilet use.
- Mental or emotional cruelty.

You can find another copy of the guidance and discipline policy on page 6 of the Parent Handbook.

-----

## **GUIDANCE and DISCIPLINE RECEIPT**

I have read and understand the Guidance and Discipline policies and will abide by the policies and procedures written within.

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

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Parent Handbook Receipt

I have read and understand the Parent Handbook and will abide by the policies and procedures written within.

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

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

---

## Late Pick Up Policy

I have read and understand the late pick up policy and will abide by the policies and procedures written within.

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

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

---

## Trips, Excursions, and Public Park Facilities

I authorize Creative Beginnings Early Education staff to take my child on walking trips, special excursions, and to the nearby park facilities. The park on the south side of the building where Creative Beginnings Early Education is located is a public park run by the Elburn Community Center. This is the park that we use on a regular basis for outdoor, large motor activities. I/We hereby waive and release Creative Beginnings Early Education from all rights and claims for damages or injuries in connection with these trips, special excursions, walks, or trips to the public parks. The staff has my permission to secure medical attention for my child should it be necessary.

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

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

# EMERGENCY MEDICAL CARE and/or FIRST AID

This authorizes Creative Beginnings Early Education to secure emergency medical care for my child when I/we cannot be reached immediately at the time of the emergency. I/We will be responsible for the emergency medical charges upon the receipt of the billing statement.

I also authorize Creative Beginnings staff to administer first aid treatment for my child when necessary. I understand that I will be notified after my child receives treatment.

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

Parent/Guardian's Name \_\_\_\_\_ Relationship To Child \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

-----

# INTEGRATED PEST MANAGEMENT PROGRAM

Creative Beginnings follows a program that combines preventative techniques, non-chemical pest control methods and, if necessary, the appropriate use of pesticide with a preference for products least harmful to human health and the environment. I consent to inclusion in the Integrated Pest Management Registry, which will notify me prior to application.

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

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

# CONSENT FOR STUDENT RESEARCH

Creative Beginnings does allow high school and college-aged students to attend class to observe the children through the process of play. Observing students in the classroom is often a requirement for students in the field of Early Childhood Education.

I give my consent for my child to be observed by high school and/or college students observing for their Early Education classes. I understand that all information about my child will be kept confidential.

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

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

-----

# PHOTO RELEASE CONSENT FORM

I am aware that my child's picture will be taken to use for in-house projects, portfolios and Tadpoles.

\_\_\_\_\_ (please initial)

I would like to release my child's picture for use on the preschool's website:  
Elburncreativebeginnings.com

Yes / No \_\_\_\_\_ (please initial)

I would like to release my child's photo for Facebook.com/elburncreativebeginnings

Class/Group photos Yes / No \_\_\_\_\_ (please initial)

Individual photos Yes / No \_\_\_\_\_ (please initial)

I would like to release my child's photo to be used in the newspaper for Creative Beginnings

Yes / No \_\_\_\_\_ (please initial)

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

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Tadpoles Updates

Creative Beginnings uses tadpoles to update parents/guardians through email.

Birth Date: \_\_\_\_\_

Please list at least one (or more) parent(s)/guardian(s) to receive email updates. Parents can also choose to add additional names. Ex: day care provider or grandparents. Families are also welcome to use the Tadpoles app available on iTunes and Android.

\_\_\_ Mother Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_ Father Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_ Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Email \_\_\_\_\_

-----

CFS 581  
Rev. 12/2000

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