



Student File Checklist

Copy of Childs Birth Certificate

Copy of Certificate of Child Health Examination

Enrollment Contact

Application/Record of Child Information

Consent to Day Care Providers

Permission to Walk PHKAS

PHKAS Acknowledgement of Receipt of Parent Handbook with Guidance and Discipline Policies

Photo Consent

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____

Address _____

Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____ Name _____

Relation to child _____ Relation to child _____

Home address _____ Home address _____

Phone Number _____ Phone Number _____

Place of employment _____ Place of employment _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Working hours _____ Working hours _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____ Address _____

Phone Number _____ Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____ Address _____

Phone Number _____ Hospital or Clinic _____

PROGRAM

Days per week _____ Hours of care _____

Rate of pay (optional) _____

Signature of parent or other person placing child

Signature of caregiver

Date

If the child has any of the following, please explaining:

Medical problems _____

Physical handicaps _____

Restrictions for play—outdoors _____

Restrictions for play—indoors _____

Allergies _____

Food likes _____

Food dislikes _____

Fears _____

Does the child take a nap? _____ Time _____ Length _____

Is the child toilet trained? _____

Does the child have special names for objects? (potty, cookies, drinks, etc.) _____

Does the child regularly take medication? _____ If so, what kind and directions _____

If the child is an infant, what are the feeding instructions? _____

Time _____ Amount _____ Temperature _____

Diaper changes: Powder _____ Ointment _____

Other information that will help in caring for the child _____

Comments:

CONSENTS TO DAY CARE PROVIDERS

NAME OF CHILD _____

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes _____
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will
be responsible for the emergency medical charges upon receipt of the statement. _____
is the preferred doctor/clinic/hospital.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize _____ to administer prescribed medicine to my/our child as
specified in the prescription's directions for administration.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER OVER-THE-COUNTER MEDICINE
(Administer only in accord with the appropriate standards for licensure)

I/we authorize _____ to administer over-the-counter medicine to my/our
child as specified in written instructions.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

CHILD PICKUP & Emergency Contact

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize	_____	_____	_____
	Name	Address	Phone
and/or	_____	_____	_____
	Name	Address	Phone
and/or	_____	_____	_____
	Name	Address	Phone

to pick up my/our child when I am/we are unavailable.

Date _____
Signature of parent/guardian _____

Relationship to child _____

Date _____
Signature of parent/guardian _____

Relationship to child _____

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize _____ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure. This includes the use of public transportation.

Date _____
Signature of parent/guardian _____

Relationship to child _____

Date _____
Signature of parent/guardian _____

Relationship to child _____

Sunscreen Application

I/we consent to my/our child using sun screen for outdoor play.

Date _____
Signature of parent/guardian _____

Relationship to child _____

Date _____
Signature of parent/guardian _____

Relationship to child _____



Prairie Home Kids After School
United Lutheran Church
Oak Park, IL 60302
Enrollment Contract

Prairie Home Kids After School, located across Ridgeland Ave from Hatch Elementary School is an after-school childcare facility operated by Pamela Van Natter. The Department of Children and Family Services of Illinois and the Village of Oak Park license the center. The facility will be open between the hours of 3:00 p.m. and 6:00 p.m. on Monday, Tuesday, Thursday and Friday, and from 2:30 p.m. and 6:00 p.m. on Wednesday. We will open on institute days and conference half-days to accommodate families at no additional charge for enrollees contracted for that day.

Parent / Guardian Name: _____

Child's Name: _____

Home address: _____

City/State/Zip: _____

Prairie Home Kids After School will operate on days in accordance to the Oak Park district 97 calendar.

Full time tuition will be \$115 weekly. Part time tuition will be \$25 per day. Non-contract days are billed at \$10 per hour.

A non-refundable, two-week deposit is required for each slot requested. The funds will be applied to the final two weeks of the term or can be used to hold the slot(s) through the summer.

Either party can terminate this contract with a 30 day notice. If no notice is given the deposit will be forfeited.

Mail in payments may be made to:

Prairie Home Kids After School
1212 Rossell Ave.
Oak Park, Il. 60302

Payments must be made by cash or check only, no credit cards please. Payments must be made with 48 hours of the due date on the invoice or a \$30 late payment fee will be assessed. If, due to unforeseen circumstances, you are unable to pick up your child by 6:00 pm there will be a \$3 charge per minute until your child is signed out by yourself or your agent. This charge will appear on your next billing as late pickup fee.

If there has been no contact with PHKAS by 6:45 pm, and your child is still in the facility, the following procedures will be put into motion.

1. All emergency numbers you provided will be tried in an attempt to contact you, the parent. Calls will be made every 30 minutes until 7:30 pm.

2. At 7:30 pm the Emergency contact person you provided will be called and notified of the need of their assistance. If that person cannot be reached their number will go onto the call list and all numbers provided will be called every 30 minutes until 10:00 pm.

3. If PHKAS is unable to contact you, the parent or your listed Emergency Contact person, at 10:00 pm it will be assumed a catastrophic event has occurred. The Oak Park Police will be notified of the situation.

PHKAS acknowledges its responsibility in continuing excellent care and protection for your child in the event of such a catastrophic incident. Your child will be kept under the protection of PHK until, you the parent, your emergency contact person, or outside authorities arrive. The above procedures are required by Illinois DCFS.

It is imperative that all numbers provided on the emergency contact sheet be accurate.

PHKAS does not transport children. Parents or legal Guardians of school aged children will be responsible for providing transportation from PHKAS to school, to their home, or any other before or after school activity. If parents choose to use a transportation service, a current copy of said contract must be on file with PHKAS with a written authorization for PHKAS to release the child into the care of the transportation service. If the parent has designated a person or relative as the transport then a copy of the transportation release must be in the on file with PHKAS.

Parent Signature

Date

Director

Date

Business Address:
Prairie Home Kids After School
1212 Rossell Ave.
Oak Park, Il. 60302



Prairie Home Kids Acknowledgement of Receipt of Parent Handbook and
Guidance and Discipline Policies.

I, _____

acknowledge receipt of the Parent Handbook and guidance and discipline policies. I understand if I have any questions regarding the policies and procedures of Prairie Home Kids I may contact the director.

Parent Signature _____

Date _____

Director's Signature _____

Date _____



Photo and Publication Consent

I grant my permission for images my child _____ to be
taken and used by Prairie Home Kids.

Print name _____

Signature _____