

# NORTH END YOUTH CENTER

1185 Dundee Ave, Elgin IL 60120

FAMILY INFORMATION:

Date of Enrollment: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_ County: Cook Kane

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship Student: \_\_\_\_\_ Relationship Student \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

EMPLOYMENT INFORMATION:

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Direct Line: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Working Hours: \_\_\_\_\_ Working Hours: \_\_\_\_\_

EMERGENCY PERSON TO NOTIFY IF PERSON PLACING Student CAN NOT BE REACHED:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Authorization for Student pick up: (The following can only pick up with further written consent)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

# NORTH END YOUTH CENTER

## GENERAL INFORMATION

Each day class will start with the Pledge of Allegiance and following with song "My Country 'tis of Thee", encouraging country pride and spirit. We would also like to say grace before our lunch time, an example of which follows: "GOD is good, GOD is great, let us thank him for our food, our family, our friends, and our school and bless our home, AMEN"

## TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES AUTHORIZATION:

We authorize North End Youth Center to take our Student on walking trips, special excursion, and to nearby public park facilities. We also authorize the Student to ride as a passenger in the vehicle owned or leased by the Center. I understand that such trips are under the supervision of the center and that such trips are under the direct supervision of the center and that health and safety precautions are taken in compliance with the safety of the Department of Children and Family Services standards for licensure.

## EMERGENCY MEDICAL INFORMATION/AUTHORIZATION

I give North End Youth Center permission to take my Student to an approved hospital emergency/immediate care center and/or call "911" in the case of sudden illness or accident. Additionally, I specifically constitute and appoint North End Youth Center my true and lawful attorney, for the purpose of authorizing medical treatment to, and the performance of any procedure (basic first aid, and CPR) determined to be necessary before/after consultation with Emergency or Family Physician on my Student.\*\*\*if you have medical exemptions due to religious reasons, a notarized letter must be on file, and sign by both legal guardian's, and religious authority.

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

## GENERAL STUDENT INFORMATION

Last Tetanus Shot: \_\_\_\_\_ Allergies to Medication \_\_\_\_\_

Regularly taken medication \_\_\_\_\_ Insurance/policy# \_\_\_\_\_

Medical Concerns \_\_\_\_\_ Physical Handicaps \_\_\_\_\_

Food Restrictions \_\_\_\_\_ Food Dislikes \_\_\_\_\_

Special Names for objects \_\_\_\_\_ Fears \_\_\_\_\_

Special Needs \_\_\_\_\_

Other information that would be beneficial for your student's teacher to know \_\_\_\_\_

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## PROGRAM CONTRACT

Days per week \_\_\_\_\_ Hours of Care (time of day) \_\_\_\_\_ Rate of Pay \_\_\_\_\_

I attest that the information I provided is true. By signing below I agree with the terms of the information that was provided to me in the Parent Information/Rate Sheet, and I understand all of what I have read and signed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director

\_\_\_\_\_  
Date

# NORTH END YOUTH CENTER

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## ENROLLMENT/DISCHARGE and DISCIPLINE GUIDANCE REQUIREMENTS

Our center has been developed to provide a safe, healthy, and happy environment for all children and staff alike. In achieving these goals, we have established the following rules and policies.

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1. Students must demonstrate ability to participate in all scheduled activities of their developmentally appropriate assigned classroom. (407.25(a) To be determined by parents and staff, or if need be, a clinical behavior professional clinician.)
2. Students, when age appropriate, will be instructed with firm positive statement about behaviors or redirection of behaviors shall be the accepted techniques for all children in the academy. The children must do their best to display respect for each other as well as themselves. Limits shall be clear and understandable to the Students, consistently enforced and explained to the Students before and as part of any disciplinary action, school-age children should have responsible opportunity to resolve their own conflicts.
3. If a Student is not able to comply with classroom rules, staff will use firm positive statements about behaviors or redirection of behaviors shall be the accepted techniques used. NO TIME OUT TO BE USED, and certainly NO PHYSICAL, or VERBAL abuse will be tolerated.
4. Parents will be notified of all repeated behavioral concerns. We will schedule a conference with the parents if after three incidents occur, and redirection attempted, we have not resolved the behavioral issues. Together with the family we can create an action plan. If this action plan is not effective, a request for clinical behavioral management plan may be developed to meet the needs of a particular child. If after several attempts to work with the plan, fail, a request for more training, or a new plan will be made.
5. According to the Department of Children and Family Services Code: 407.250 j. & k. *"Any child who, attempts have been made to meet the child's individual needs, demonstrates inability to benefit for the type of care offered by the facility, or whose presence is detrimental to the group, shall be discharged from the facility".* In all instances, when a facility decides that it is the best interest of the child to terminate enrollment, the child's and parent's' needs shall be considered by planning with the parents to meet the child's needs when he or she leaves the facility, including referrals to other agencies or facilities."
6. Our facility shall use discipline measures designed and carried out in such a way as to help individual Students develop self-control and to assume responsibility for their own acts.

### Basic Center Rules:

-Rules should be stated to the Students in clear simple language and action that guides them and helps them learn acceptable behavior in the center.

-Discipline should be handled by a person who has relationship of mutual acceptance and respect with the Students.

-In the case of inappropriate behavior, the Student shall at all times be re-directed verbally as to the appropriate desired behavior.

- Students will not be allowed to destroy property or injure another person intentionally.

- *"407.270 (C6) A) NO corporal punishment, including hitting, spanking, swatting, beating, shaking, pinching and other measures intended to induce physical pain or fear; B) Threatened or actual withdrawal of food, rest or use the bathroom; C) abusive or profane language; D) any form of public or private humiliation, including treats of physical punishment; and E) any form of emotional abuse, including shaming, rejecting, terrorizing, or isolating a child."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# NORTH END YOUTH CENTER

## Health Policy Information

The following policies have been designed to keep your Students health in mind. We ask that you, the parent take an active role in following these guidelines. All incoming students shall have a medical report that shall be dated less than 6 months prior to enrollment, with the exception of school-age children. A copy of the most recent regularly scheduled school physical may be submitted. "Children will be screened upon arrival daily for any obvious signs of illness. If symptoms of illness are present, the center staff shall determine whether they are able to care for the Students safely, based in the apparent degree of illness, other students present and facilities available to care for the ill Student." (DCFS 407.310(B)). In accordance with DCFS we will exclude Students when the illness prevents the Students from participating comfortably in program activities; illness calls for greater care than the staff can provide, without compromising the health and safety of other students" (4073.310(c2)). You will be contacted to pick up your student in a timely fashion. If you are not able to do so, we have to follow the same procedures as late pick up.

**FEVERS:** If a student develops a 101.0 fever or higher at school, parents will be called to pick up the student. The student cannot return to the center until the student has been fever free, without the aid of a fever reducing medication for a full 24 hours regardless of the cause of fever.

**DIARRHEA/VOMITTING:** If a student is displaying signs of diarrhea, 3 movements within the hour, or vomiting 2 or more times within 24 hours; they shall be sent home, and not return until system free.

**CHICKEN POX/MEASLES/MUMPS:** Although DCFS may state differently in their codes (DCFS407.310(2) (N) (Q) (P)) regarding return to class, our policy requires before returning to school after an outbreak of Chicken Pox, all marks must be completely dry. The same is true for Mumps, parotid gland must not be swollen, and Measles must wait 1 week after disappearance of rash. Please check with the Center Director before returning the child to class. No deductions for tuition- Please have your student immunized.

**EAR INFECTIONS:** Our policy regarding ear infections are that the student must be on the antibiotic for 24 hours, and be fever free, without the aid of fever reducing medication before returning to the center.

**RASH-IMPETIGO:** Must remain out of the center until 24 hours after treatment has been initiated.

**STREP THOAT:** 24 hours after treatment has been initiated and is without fever for 24 hours.

**MOUTH SORES:** with inability to control saliva, may not return until the student physician or local health department states the child is non- infectious.

**SCABIES/HEAD LICE:** until monitoring after treatment.

**CONJUNCTIVITES** 24 hours after treatment has been initiated.

**Prescription Medication:** may only be administered if the Medical Consent Form is properly completed. The original pharmacy label must be current on the bottle and must be for the child indicated.

**Non-Prescription (Over the Counter):** It is our policy that OCT's may only be administered if the Medical Consent Form is properly completed, as well may only be administered with a detailed Doctor's notes with clear directions, example: John Smith must have one teaspoon of sunscreen applied to each arm and leg, and a dime sized blot to each cheek, and nose, due to sun sensitivity. Our Center's policy requires a Doctor's note for diaper wipes, diaper creams, and things like lip balms, as well as any cough or cold remedies. HOWEVER, keep in mind the enclosed information from the Health Department regarding infectious disease control in a child care setting. DOCTOR'S NOTES ARE REQUIRED FOR ANY AND ALL MEDICATIONS, AND FOR THE RETURN TO SCHOOL FROM ANY OF THE ABOVE ALL LISTED ILLNESSES, AND ANY MENTIONED ITEMS. NOTE MUST INCLUDE: DATE, PERMISSION TO RETURN, SPECIAL INSTRUCTIONS, EXACT AMOUNT TO GIVE AND FOR HOW LONG TO GIVE/USE.

Your cooperation and understanding will help to ensure a healthy environment for your student and their peers. If you should have any questions or concerns regarding this policy, please contact the center Director, or the Elgin Health Human Services Department. In group childcare, we must be clear and consistent with these policies.

By signing below, I agree to follow the guidelines listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# NORTH END YOUTH CENTER

## AUTHORIZATION TO USE AND DISCLOSE INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

I hereby authorize the use and disclosure by \_\_\_\_\_ for the individually identifiable health information that is described below for the specific purpose listed below. I understand that such uses and disclosures may only be made by, and only to the persons or organization identified below.

Patient's Name: \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_

Patient's Social Security or ID Number \_\_\_\_\_

Patient's Address \_\_\_\_\_

Patient or Guardian's telephone number \_\_\_\_\_

Specific description of health information to be used or disclosed:

\_\_\_\_\_  
\_\_\_\_\_

Purpose for use and/or disclosure \_\_\_\_\_

Person/Organization Disclosing the information:

\_\_\_\_\_

Person/Organization Receiving the information:

\_\_\_\_\_

I understand my decision to sign this form and authorize this use and disclosure about the listed individual as described above is voluntary and I may refuse to sign this form.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to the Patient

## NORTH END YOUTH CENTER

I, the undersign, do hereby grant or deny permission to *The North End Youth Center*. to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on *The North End Youth Center*. web site.

Deny Permission to use my student's image at all.

Grant permission to use my student's image in the following ways (mark all that apply):

**Limited usage:** I want my student's image used within *The North End Youth Center*. . setting only (not the larger community).

**Limited usage:** I want my student's image used for educational materials only (not marketing). This could be either within *The North End Youth Center*.. or in the larger community. One example of this could be films in parent or teacher educational classes.

**Limited usage:** I want my student's image used on printed materials only ( not digital or taping use).

**Unrestricted usage:** I give unrestricted permission for my student's image to be used in print, video, and digital media. I agree that these images may be used by *The North End Youth Center* .for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any taping or digital images.

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ gender: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# NORTH END YOUTH CENTER

## CONSENT FOR RELEASE OF STUDENT RECORDS

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
Last First Middle

**School Attended:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I authorize \_\_\_\_\_ to **release** information concerning the above names student to:

I authorize School District \_\_\_\_\_ to **obtain** information Concerning the above named student from:

**NAME/AGENCY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
City State zip

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**TO Parent(s)/Guardian: Please INITIAL each item of information listed below you wish to have released.**

\_\_\_\_\_ Permanent records such as: student's identifying information, parent's name and address, academic transcripts/test scores, attendance records, accident and health records, honors and rewards received, participation in school-sponsored activities

\_\_\_\_\_ Temporary Records such as: disciplinary information, class schedule, test score, family background information, teacher anecdotal information, verified reports from non-school persons or agencies

\_\_\_\_\_ \*Special Education Records including all Case Study Components, I.E.P.'S and MDC Reports

\_\_\_\_\_ \*Speech/Language, Physical or Occupational Therapy Reports/ Evaluations

\_\_\_\_\_ \*Social work reports/assessment

\_\_\_\_\_ \*Psychological Evaluations

\_\_\_\_\_ \*Special education files including reports of multidisciplinary staffing

\_\_\_\_\_ \*Health History

\_\_\_\_\_ \*Verified reports from non-school persons or agencies which were part of a special education decisions

\_\_\_\_\_ Other(specify) \_\_\_\_\_

I understand that as a parent/guardian, upon written request, I have the right to inspect, copy, and challenge, the contents of the school student records prior to release, for which I am authorizing release (105 ILCS 10/6, 10-8 Illinois School Student Records Act). I also have the right to designate the school student records to be released to identify specific portions of a school record to be released by this consent. Any such limitations have been noted above.

\_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_ **Printed Parent Name** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Current Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

\_\_\_\_\_ **Phone #** \_\_\_\_\_

**NOTICE TO AGENT/PERSON RECEIVING RECORDS:** Under the law, you are prohibited from allowing any other person access to any information from the student's record unless you obtain prior, written consent of the student's parent.

# NORTH END YOUTH CENTER

## Pesticide Application Registry Notice

Dear Parents, Guardians, and Staff:

*The North End Youth Center, Inc* practices Integrated Pest Management, a program that combines preventive techniques, non-chemical pest control methods, and the appropriate use of pesticides with a preference for products that are the least harmful to human health and the environment. Applications of pesticides are made only when deemed necessary to control a pest problem and after trying other means to control the problem. The term "pesticide" includes insecticides, herbicides, rodenticides, and fungicides.

We are establishing a registry of people who wish to be notified prior to pesticide applications. To be included in this registry, please complete the attached form and submit it with your child's teacher. Please include me in the notification registry. I understand that if there is an immediate threat to health or property that requires treatment before notification can be sent out, I will receive notification as soon as practicable.

Parent/Guardian/Staff Member's Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Any known allergies to pest control products? YES NO intl. \_\_\_\_\_

## Registro de aviso:

Estimados padres, guardianes y empleados:

*The North End Youth Center.* utiliza el Control Integrado de Plagas (CIP), el cual es un programa que combina las técnicas de prevención, los métodos para el control de las plagas sin el uso de sustancias químicas y el uso adecuado de pesticidas. Sólo después de haber intentado usar otros métodos se eligen los pesticidas menos perjudiciales para la salud y para el medio ambiente. En la categoría de los pesticidas están incluidos los insecticidas, los herbicidas, los fungicidas y los pesticidas para roedores.

Estamos creando un registro de las personas que desean recibir un aviso antes de que se realice una fumigación . Si usted quiere ser parte de este registro, por favor llene el formulario adjunto y preséntelo a (nombre del empleado encargado).

Favor incluirme en el registro de aviso. Entiendo que en caso de que exista un peligro urgente para la salud o la propiedad y que sea necesario fumigar antes de poder mandar un aviso, éste me sera enviado lo antes posible.

Nombre del padre/guardián/empleado: \_\_\_\_\_

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

Nombre del estudiante \_\_\_\_\_

Dirección \_\_\_\_\_

Alguna Alergia a pesticidas? SI NO intl. \_\_\_\_\_