

## Registration Forms for Village Nursery School 2019-2020 School Year

In filling out the registration forms, please notice the classes that are available. We are a Biblically based preschool, with all classes learning about the Bible, God and Jesus.

4's	MWF	8:30-11:30 AM	20 Children	Teacher- Sara Ludwig
3's & 4's	TTH	8:30-11:00 AM	20 Children	Teacher- Sara Ludwig

**Tuition is \$110/ month for the 3's & 4's class meeting two days a week and \$160/ month for the 4's class meeting three days a week.**

Classes begin September 3, 2019 for 2-day-a-week classes, and September 4, 2019 for 3-day-a-week classes and end May 21, 2020 for 2-day-a-week classes and May 22, 2020 for 3-day-a-week classes.

The completed registration forms are to be returned to Sara Ludwig/Director or in the church office, with a \$60 non-refundable registration fee and September's tuition.

- **For new students, we will need to have on file a copy of your child's certified birth certificate. Please turn this in with your registration form.**
- **All students must have a current physical.** Physicals must be current within 6 months of starting school...after March 2019. **They are due at the school by the end of August.** By DCFS standards, your child will not be permitted to start school without a physical on file. The following are required to be filled in or marked on your child's health form:
  - **All required immunizations** must be up to date and the form **must be signed and dated** by the nurse or physician.
  - **Physicians** need to give a general physical exam and sign the form.
  - **Parents** must fill out the child's health history part of the form and **sign it.**
  - **Physicians** must do a **lead assessment AND mark that testing is either not needed or perform a blood test for lead.**
  - **Children** must have either a **TB Test** with the results indicated, or **marked by the physician, that the TB test is not necessary.**
  - **Please** be sure the physicals are completely filled out and signed wherever necessary. This will ensure you of not having to make additional trips to the doctor's office.
  - **Physicals** may be turned into the preschool, the church office, or they may be mailed to:  
Village Nursery School  
10816 Main Street  
Roscoe, IL 61073

The church office is opened 9:30 AM to 4:00 PM Monday through Thursday and 9:30-2:00 on Friday.

The preschool number is **815-623-7731**.

The church number is **815-623-2292**.

The church's fax number is **815-623-2888**.

Thank you for choosing Village Nursery School. We look forward to teaching your children!

**Circle Session Preferred:**

3's & 4's T TH - 8:30 – 11:00 AM

4's MWF 8:30 – 11:30 AM

Admission Date \_\_\_\_\_

Discharge Date \_\_\_\_\_

**VILLAGE NURSERY SCHOOL  
ROSCOE UNITED METHODIST CHURCH  
ROSCOE, IL  
(Please print clearly)**

Child's Name \_\_\_\_\_ Age: Yr \_\_\_\_\_ Mo. \_\_\_\_\_  
(last) (first) (middle) (As of Sept. 1, 2019)

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Telephone \_\_\_\_\_ Name child goes by: \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Parent's Marital Status: married \_\_\_\_\_ separated \_\_\_\_\_ divorced \_\_\_\_\_  
widowed \_\_\_\_\_ single \_\_\_\_\_

Father's name \_\_\_\_\_ Home address \_\_\_\_\_  
Home phone \_\_\_\_\_ cell phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_ Business phone \_\_\_\_\_  
Working hours \_\_\_\_\_ Business address \_\_\_\_\_

Mother's name \_\_\_\_\_ Home address \_\_\_\_\_  
Home phone \_\_\_\_\_ cell phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_ Business phone \_\_\_\_\_  
Working hours \_\_\_\_\_ Business Address \_\_\_\_\_

\*Legal Guardian (if other than the parent(s)) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_ Email \_\_\_\_\_

Names and ages of siblings:

Names	Ages	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
(street) (city) (state) (zip)

## WAIVERS

**Below are listed several different waivers. Each must be signed to be valid.**

### **Medical Waiver**

I understand that under certain conditions emergency medical treatment may be required for my child during the hours that he/she is in attendance at Village Nursery School. If emergency treatment should be required for my child I hereby give my consent to Village Nursery School to secure such emergency medical treatment as is necessary, including emergency first aid performed by the Nursery School Staff and /or through Harlem-Roscoe Fire Department.

Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

### **Religious Waiver**

I hereby give permission for my child, \_\_\_\_\_, to participate in a religious atmosphere at Village Nursery School.

Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

### **Publicity and Photography Waiver**

I hereby grant Village Nursery School permission to include pictures of my child, \_\_\_\_\_ in any local news stories or in other publicity..

Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

### **Village Nursery School Handbook**

I hereby give permission for my child's name, address and telephone number to be placed in the parental handbook to be distributed to all parents. This is how I'd like the information to appear in the school's handbook: (This information can be used for car-pooling, party invitations, etc.)

\_\_\_\_\_  
(child's name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(phone number)

\_\_\_\_\_  
(Parent(s) names)

Parent or Legal Guardian \_\_\_\_\_ date \_\_\_\_\_

### **Release of Liability**

I release Village Nursery School, Roscoe United Methodist Church, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries, and/or losses that my child may sustain as a result of my child's participation in Village Nursery School. I, the undersigned, have carefully read this document and understand its contents.

Parent or Legal Guardian \_\_\_\_\_ date \_\_\_\_\_

## **Field Trip Waiver**

Field trips provide the children with new experiences, and enhance the lessons learned in class. They are fun for the children. In the four-year-old classes, we take approximately 2-4 trips per year. The three-year-olds take approximately 1-2 trips per year. Parent volunteers, driving their own vehicles, provide transportation for these trips. All children must ride in the back seat of any vehicle and will be in car/ booster seats, using seat belts. **Drivers must provide proof of valid insurance prior to the trip.**

State law requires all children under the age of 8 be in a car/booster seat while riding in any vehicle. In order to comply with state law, we will require that all children participating in school trips be properly secured in a "safety" seat. **It is your responsibility to make sure your child has a safety seat and that it is installed in the vehicle in which your child will be riding for the trip.**

My child \_\_\_\_\_ has my permission to participate in scheduled field trips with the Village Nursery School.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please note if you are willing to drive for a trip, other parents may install their car/booster seats in your vehicle.

Field trips are an optional activity. While we strongly feel they are beneficial to the children, it is your right not to send your child on any field trip at your discretion.

Please review the Field Trip policy to further understand the conditions of our taking trips. It is included in the Handbook that will be available at the Parent's Meeting in August.

## RELEASE FORM

Only those authorized by the parent/guardian, in writing, may pick up the child from Nursery School. **Please be sure we have correct phone numbers, in case of emergencies.**

List here persons to whom your child may be released, including parents, neighbors, friends or relatives who will be picking your child up from school. **Only** the people listed below or those added at a later date, will be allowed to pick up your child.

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

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

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

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

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

List another person (**in the immediate area**) who could be notified in case of an emergency. (It should be someone who is available to pick up your child when you can not.)

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Evening phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

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

### **General Information**

Parents make excellent resource people. Would you be willing to share with your child's class? \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Hobbies \_\_\_\_\_

The following information is helpful for the staff to better understand your child, especially known allergies and limitations.

**Medical**

Was you child's birth normal? \_\_\_\_\_ Other \_\_\_\_\_

Has you child ever been hospitalized? \_\_\_\_\_ If so, for what \_\_\_\_\_

Does your child have any know allergies? \_\_\_\_\_

Has your child ever suffered a known vision or hearing loss? \_\_\_\_\_

Does your child have any specific physical limitations of which the teacher should be aware? \_\_\_\_\_ (Please explain) \_\_\_\_\_

Does your child take any medication that might affect his/her behavior? \_\_\_\_\_ (explain) \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

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How does your child respond to this? \_\_\_\_\_

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**Development, History and Social Relationships**

Compared with the child's siblings, and with other children his/her age, how has your child developed in the following:

	<u>Fast</u>	<u>Average</u>	<u>Slow</u>
Walking:	_____	_____	_____
Talking:	_____	_____	_____
Playing with toys:	_____	_____	_____
Understanding what is said:	_____	_____	_____
Additional comments:	_____	_____	_____

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Has your child ever been left with a group before? \_\_\_\_\_

Does your child have playmates in your neighborhood? \_\_\_\_\_

Describe any difficulties encountered in play situations. \_\_\_\_\_

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Is your child dependent on adult direction and suggestion for play? \_\_\_\_\_

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How do you feel about your child watching television? \_\_\_\_\_

Do you limit his/her time? \_\_\_\_\_

Does your child have simple responsibilities around your home? \_\_\_\_\_

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Is your child helpful? \_\_\_\_\_

Does your child take naps? \_\_\_\_\_ Child's bedtime \_\_\_\_\_

Do you have family pets? \_\_\_\_\_

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What do you want your child to gain from our school? \_\_\_\_\_

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If you feel your child has a specific area of concern that our teachers might help you with, will you please give details? \_\_\_\_\_

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Is your child: \_\_\_\_\_ right handed \_\_\_\_\_ left handed \_\_\_\_\_ ambidextrous

**Financial Agreement For Village Nursery School  
Roscoe United Methodist Church**

Accepted and approved: Date \_\_\_\_\_

The Village Nursery School is a nonprofit organization. We operate on a narrow financial margin and can at no time carry a large cash reserve. This organization must be assured of current operating income and know in advance how much working capital it will have during the school term.

There is no minimum number of students per class: however, in case of extremely low enrollment for a particular class, we reserve the right to cancel that class. We would notify you as soon as possible and we would refund your tuition payment.

As part of this agreement, a sixty dollar (\$60) registration fee is due at the time of registration and is **non-refundable.** **September's tuition is also due at the time of registration.** Tuition will be refunded if necessary, prior to **August 23; after August 23 it will not be refunded.**

It is agreed that the under-signed parent(s) will pay a full month's tuition regardless of whether or not the child has attended school each day during the month.

Tuition is one hundred and ten dollars (**\$110.00**) a month for the two-day-a-week sessions and one hundred and sixty dollars (**\$160.00**) a month for the three-day-a-week sessions.

**Two-day-a-week sessions are 2 ½ hours...8:30-11:00AM**

**Three-day-a-week sessions are 3 hours...8:30-11:30AM.**

- Monthly tuition, except for September's which was paid at the time of registration, is due by the **15<sup>th</sup> of each month** for the following month.
- If not turned in by the **20<sup>th</sup> of the month**, there will be a **\$10.00 late fee** added to the tuition amount.
- If not received by the end of that month, **unless you have contacted VNS and made arrangements, your child will not be allowed to attend class until the tuition amount is received.**

It is agreed that a child not toilet trained or a child whose social or emotional behavior makes it difficult for said child to function as part of the regular nursery school routine, may be dismissed at the discretion of the teachers, with the approval of the Village Nursery School Board.

The undersigned parent(s) agrees to enroll \_\_\_\_\_  
(student's name)

I have read and fully understand Village Nursery School's admission policy, child care policy, discharge policy and registration form.

Parent Signature \_\_\_\_\_





## **This is your copy**

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## **Emergency Information/ Late Pick-up Policy**

It is extremely important that on the registration form, or on file, you list someone, other than yourself, or your spouse, or legal guardian, who can be contacted in case of an emergency. It needs to be someone within this area.

It is also important you keep the Village Nursery School informed of any changes in who may be contacted in such emergencies. Any changes in phone numbers or where you may be reached; such as job, home, or cell phone numbers need to be kept current and on file with the school.

Village Nursery School will be responsible for the child's protection and well-being until the parent/spouse, legal guardian, emergency person or outside authorities arrive.

1. A parent/spouse, legal guardian will always be the first person we will try to contact. If we are unsuccessful, we will continue with the person listed as the emergency contact.
2. If it is a medical emergency, we will try to reach parents/spouse/legal guardian, or emergency person immediately. If unable to reach one of these three, we will continue by contacting outside authorities, such as police or fire dept.

### **Late Pick-up Policy**

1. If your child has not been picked up within 15 minutes after class has ended and you have not notified us, we will begin calling, starting with parent/spouse/legal guardian or listed day care provider and emergency contact person.
2. If no one can be reached after calling and after 15 minutes of trying, we will then contact the police dept. and go from there.
3. If we need to call someone to pick up your child after the first 15 minutes after class has ended, you will be given a dated notice of late pick-up and one will be kept on file.
4. After two notices, you will be charged a late fee of \$15.00, which will be added to the next month's tuition.
5. After four notices, it will be reviewed within 10 days, with the possibility of immediate dismissal.

These rules and policies are for your child's safety and for Village Nursery School's liability. We recognize the possibility of exceptions and will do all we can to ensure the safety and well-being of each and every child enrolled here. Discussions of these policies will be between the Parents/Legal Guardian and the staff, not with the child involved.

Signed and dated \_\_\_\_\_  
(parent/legal guardian)