

Application for Enrollment
ICC Child Care Center

*Licensed by IL Department of Children & Family Services
Accredited by NAEYC (National Association for the Education of Young Children)
Serving children aged 2-5 years
Service provided whenever the campus is open.
(Must be potty trained)*

RETURN THIS APPLICATION TO:

Illinois Central College Child Care Center,
Attn: Melanie Fleming, Manager
One College Drive, East Peoria, IL 61635
Ph.: (309) 694-5116, Fax: (309) 694-5303,
E-mail: m Fleming@icc.edu

or:
Attn: Mary Schisler, Site Mgr., Peoria
115 SW Adams, Peoria, IL 61635
Ph.: (309) 999-4542, Fax: (309) 999-4584
E-mail: mschisler@icc.edu

Hours & Location:

EastPeoria Campus

Main Building 1st Floor Rooms 128A, 128B, 129B

Fall and Spring Semesters:

(FULL-TIME) 7:00 a.m. to 4:45 p.m. M-F

(HOURLY) 7:30am -3:00pm M-F

Summer:

(FULL-TIME) 6:45 a.m.-5:30 p.m. (M-TH)

7:00am – 4:45pm (Fridays)

(HOURLY) 7:15-3:00pm (M-TH)

Peoria Campus

Perley Building Room 114

Full-Time & Hourly Care

Fall, Spring, Summer Hours: M-F 6:30 a.m.-5:00 p.m.

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For Office Use Only: Submission Date: _____ Start Date: _____ Registration Fee: _____

Enrollment Information

(Please print for clarity)

Requested starting date:

Child's Daily Attendance Schedule (upon initial enrollment):

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Child Information:

Child's Full Name _____ Gender _____ Birthdate _____ Age _____

Nickname if appropriate: _____ Ethnicity _____ (optional)

Child's Address: _____
street city state zip

Parent or Legal Guardian Information:

Relationship of Child's Parents:

Please circle one that applies.

Married Divorced Legally Separated Single

Mother/Guardian's Name _____ Student ID # _____ or SS# _____

Custodial Parent? Yes No (Non-parent guardians must submit guardianship papers.)

Home address _____ Home Ph _____ Cell _____
street city state zip

Employer _____ Address _____ Ph. _____ Days/Hours _____

Preferred e-mail address _____

Father/Guardian's Name _____ Student ID # _____ or SS# _____

Custodial Parent? Yes No (Non-parent guardians must submit guardianship papers.)

Home address _____ Home Ph _____ Cell _____
street city state zip

Employer _____ Address _____ Ph. _____ Days/Hours _____

Preferred e-mail address _____

Emergency Contacts & Authorization for Child Release

For security and IL DCFS licensing, children will ONLY be released to custodial parents, legal guardians, and others identified in enrollment information. However, **should an emergency arise and you can't be reached or located** (or you can't respond when reached), please identify and provide your signature below for those persons you authorize to be **LOCAL** contacts to take physical custody of your child. (Note: Upon arrival, these persons must show a classroom Teacher or the Manager a photo ID and provide their signature on the Center's daily attendance sign-out sheet).

Full Name: _____ Home Ph. _____ Work: _____ Cell: _____

Address: _____ Relationship to child: _____
 street city state zip

Full Name: _____ Home Ph. _____ Work: _____ Cell: _____

Address: _____ Relationship to child: _____
 street city state zip

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### ***Parent/Legal Guardian Consent Form (Required by DCFS)***

*Please circle Yes or No for each of the following, and provide your signature at the end:*

1. I give permission for my child to participate in Center-sponsored field trips and excursions whether transportation is by foot or vehicle. Yes No
  
2. I give permission for my child to be photographed, tape recorded, or videotaped by staff or others when involved in Center activities, including field trips and excursions. Such materials may be used for classroom as well as publicity purposes. Yes No
  
3. I give permission for my child to be observed by academic and non-academic visitors to the Center. Yes No
  
4. I understand my child will be observed by non-Center personnel for teaching or training purposes. I give permission for my child to participate in observant projects conducted by those authorized by the Manager. Yes No
  
5. In the event of an emergency requiring transportation to a medical facility, I give my permission for ICC Child Care Center to arrange emergency transportation via police vehicle, public safety, ambulance, or emergency technician vehicle. Yes No
  
6. In the event of an emergency, illness, or accident involving my child, I give my consent to ICC Child Care Center to secure emergency care for my child through an emergency medical technician, clinic, hospital, private physician, or dentist. Yes No

**Parent/Legal Guardian Permission Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



***Children with Disabilities or Special Health Needs***

*(If not applicable, please skip to Child's Personal and Developmental History section.)*

ICC Child Care Center strives to accommodate children with special needs whenever possible. In the event of acceptance, please help us better serve your child by completing the following.

Is your child's disability: mental \_\_\_\_\_ visual \_\_\_\_\_ auditory \_\_\_\_\_  
physical \_\_\_\_\_ emotional \_\_\_\_\_ behavioral \_\_\_\_\_

Specify disability: \_\_\_\_\_

Does your child's disability require specialized treatment or medication? Yes No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Will treatment or medication need to be administered at the Center? Yes No

Could treatment (i.e., nebulizer) or meds be given by Center staff? Yes No

If yes, would you provide Center staff with training? Yes No

Does your child use specialized equipment for health or mobility? Yes No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Would you provide staff with training on use of such equipment? Yes No

## ***Child's Personal & Developmental History***

If applicable, name step-parents in your child's life:

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Name and ages of siblings (or step-siblings) living with your child: \_\_\_\_\_

Are there pets in the home? If so, please specify: \_\_\_\_\_

How has daytime child care been provided in the past? (Circle any that apply).  
parent    grandparent    other relative    child care home    child care center    nanny

Is English your child's primary language? Yes No    If not, what is? \_\_\_\_\_

If your child doesn't speak English, provide phonetic spelling of words your child understands for:

|         |       |         |       |         |       |
|---------|-------|---------|-------|---------|-------|
| Hello:  | _____ | Hungry  | _____ | Play    | _____ |
| Goodbye | _____ | Thirsty | _____ | Friend  | _____ |
| Mom     | _____ | Tired   | _____ | Like    | _____ |
| Dad     | _____ | Scared  | _____ | Outside | _____ |
| Yes     | _____ | Hurt    | _____ | Inside  | _____ |
| No      | _____ | Potty   | _____ |         |       |

Describe your child's language and communication ability: \_\_\_\_\_

Even though your child is potty trained, does your child have problems with urination, bowels, or toileting? Yes No    If yes, please specify: \_\_\_\_\_

Does your child have fears we should know of? Yes No  
If so, specify and provide tips for helping your child cope with them: \_\_\_\_\_

Has your child gone through a stage of biting other children? Yes No    If so, does it continue now? Yes No. If yes, how do you handle it? \_\_\_\_\_

Describe your child's general physical motor abilities: \_\_\_\_\_

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Describe your child's preferred playmates, i.e., solitary, siblings, peers, adults: \_\_\_\_\_

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Describe your child's preferred activities, i.e., toys, games, books: \_\_\_\_\_

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Does your child watch television? Yes No If yes, please favorite programs: \_\_\_\_\_

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Please describe the type of discipline for behavior you use at home: \_\_\_\_\_

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Are there religious or family/cultural traditions your child observes? Yes No If so, please specify: \_\_\_\_\_

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Please describe any unique circumstances in your family or child's life that may affect your child's current behavior? (For instance, child's imaginary playmate; new sibling; a recent move; problems with child care arrangements; family death; illness or hospitalization; parent separation or divorce, etc.)

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Please take a moment to describe your child's personality and temperament to us: \_\_\_\_\_

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What do you hope your child gains from enrollment in our program? \_\_\_\_\_

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## ***Parent Interest Survey***

Our Center conducts semester parent-teacher meetings during the fall and spring semesters. Are there specific topics you would like addressed? If so, specify: \_\_\_\_\_

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Would you be interested in being at our parent meetings? Yes No

Do you have any personal talents/skills you would enjoy sharing with classroom children? (Such as a musical talent or crafts skill). If yes, please specify: \_\_\_\_\_

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How did you hear about ICC Child Care Center? \_\_\_\_\_

What influenced your decision to apply to our Center? (Circle any that apply).  
location price reputation educational program head teacher director facility

### ***BILLING PAYMENT AGREEMENT & REQUIRED SIGNATURE***

*I, \_\_\_\_\_, understand that I will be held solely responsible for payment of child care charges accrued during my child's enrollment at ICC Child Care Center. I understand that determination of my charges will be based on the child care rates in effect during my child's enrollment, and that I will be expected to pay charges by the posted due dates in order to maintain my child's enrollment status. I understand failure to pay charges will result in a delinquency with ICC Student Accounts.*

***Signature of person responsible for payment***

***Date*** \_\_\_\_\_