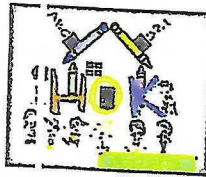


HOUSE OF KIDS DEVELOPMENT CENTER

8233 S. Pulaski Rd. Chicago, IL 60652.

Phone: (773) 344-4415 Fax: (773) 912-6485

- ☐ Registration Checklist
- ☐ Intake Form
- ☐ Signed General Information Form
- ☐ Signed Pick Up List
- ☐ Lunch Application
- ☐ Infant Waiver
- ☐ Action for Children
- ☐ Two most recent check stubs
- ☐ School Schedule (With a valid school stamp)
- ☐ Parental Consent and Waiver Form
- ☐ CPS Race and Ethnicity Survey
- ☐ Receipt of Parent Handbook & Guidance and Discipline Policy
- ☐ Receipt of Licensing Standards
- ☐ Sign Statement of Confidentiality Form
- ☐ Sign Emergency Consent to Transport
- ☐ Health Examination Form (Physical) / HGB, Lead and TB Results
- ☐ Dental Examination Form
- ☐ Birth Certificate
- ☐ Medical Card
- ☐ Parent ID
- ☐ Head Start (attach check stubs with this application)



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Health Intake Form

To make sure your child is always safe, we ask every parent to complete this form each year.
This information will only be shared with relevant staff.

Child's name: _____

Date of Birth: _____ Gender: _____

My Child has: _____

Food Allergies: _____

Non-Food Allergies: _____

Asthma

Diabetes Type 1 Type 2

Seizures

Other Medical Conditions _____

My child has no allergies, medical conditions, and/or does not take any medications during daycare hours.

If any medical conditions checked above requires that a prescribed medication be available and taken by your child during daycare hours. Please attach an action plan to this form. An asthma action plan, a diabetes action plan, an individual health plan or a general emergency action plan is a written document that is signed by a medical provider and includes signs and symptoms of an episode, what medication is to be given during daycare hours, and any emergency procedures.

Parent Signature: Linnell Hudson

Parent Name (Please Print): Linnell Hudson

Phone Number: 773-392-4159

Date: _____

Email: linnellhudson55

Child Emergency Medical/ Dental Treatment

I, _____, hereby give consent for emergency medical
(PARENT/GUARDIAN NAME)

and/or dental treatment for my child, _____ by a
(CHILD'S NAME)

licensed physician and/ or Dentist while under the care of _____
(SCHOOL NAME)

I authorize transportation for the Child to and from the emergency treatment. This care may include examination and any test. Which in the opinion of the physician and/or dentist are deemed necessary or advisable. This Consent is valid if my child is enrolled in the program.

The purpose of this consent has been explained to me.

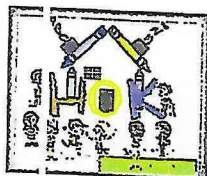
Parent/Guardian Signature

Date

Relationship: _____

Signature of Staff Verifying Consent

Date



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STATEMENT OF CONFIDENTIALITY

Dear Parent/ Guardian:

To create an atmosphere of trust and respect, and to safeguard Head Start families' personal information, House of Kidds Head Start Programs adhere to confidentiality guidelines which prohibit the disclosing or obtaining of information except under the following conditions:

Information may be released with the parent's consent. To coordinate services between agencies, it is occasionally necessary to obtain records from, or send records to a school, doctor's office, etc. However, such information will only be released or obtained with the written permission of the parent or guardian of the child.

As necessary, funding sources and licensing or certification representatives may look at files as part of their monitoring process.

Because head start staff workers as a team, information may be shared among staff at the site and at the agency level.

State law requires that childcare staff report any case of suspected child abuse or neglect to the Department of Children and Family Services. This law supersedes eye's confidentiality guidelines.

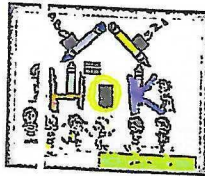
Information will be released if required by subpoena or court order.

Maintaining the confidentiality of information is part of eye's Head Start and School Programs commitment to forming productive and professional collaboration with parents.

I have read and understand this statement of confidentiality:

Parent/Guardian Signature- _____ Date _____

Staff Signature- _____ Date _____



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Consent for Observation and Exchange of Information regarding Children with a Disability or Suspected Disability

I, _____ give permission to the Chicago Public Schools/
Name of Parent/Guardian

Department of Family & Support Services Disabilities Team Subject Matter Expert to observe and
exchange information about _____

_____ Child's Name _____ Date of Birth
with _____ for educational planning and recommendations.

Agency/School

The purpose of this observation is to provide strategies/ interventions/resources to the agency and family and assess the need for an evaluation to the Chicago Public Schools (CPS).

This consent allows the Chicago Public Schools/Department of Family & Support Services Disabilities Team Subject Matter Expert to track the child's referral with the Early Intervention provider and/or CPS, review and discuss assessments/evaluations, the Individualized Family Services plan (IFSP), and/or the Individual Education Program (IEP) with the agency and the parent.

I understand that I am under no obligation to sign this document. I am fully aware that this service is optional. I am under no obligation to follow advice or proceed with any services suggested. However, it is acknowledged that an attempt to render services was made by the Chicago Public Schools/Department of Family & Support Services Disabilities Team Subject Matter Expert and

Agency/School

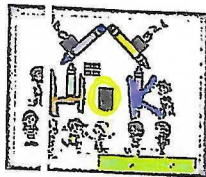
Signature of Parent/Guardian

Date

Signature of Agency Director School Administrative

Date

This consent is valid for one year from date that it was signed.



House of Kids Development Center

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Chicago, IL 60652

Phone: 773-344-4415

**ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK
AND GUIDANCE & DISCIPLINE POLICY**

I have reviewed and received The Parent Handbook for House of Kids Learning Center and I agree with the policies it contains. I understand that it is mandatory that I attend at least six parent meetings and attend parent teacher conferences and family literacy nights during the school year.

Child's Name _____

Parent Signature _____

Date _____

Staff's Signature _____

Date _____

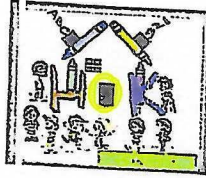
I have reviewed and received the Guidance & Discipline Policy for House of Kids Learning Center and I agree with this policy.

Parent Signature _____

Date _____

Staff Signature _____

Date _____



House of Kids Development Center

8233 S. Pulaski Rd.

Chicago, IL 60652

Phone: 773-344-4415

State of Illinois

I/We,

Please Print Name(s) _____

Name(s) of Child(ren) _____

Hereby certify that I/we have received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Parent signature _____

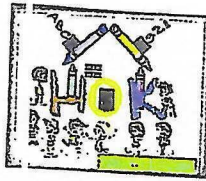
Date _____

Parent signature _____

Date _____

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE

Printed by Authority of the State of Illinois DCFS #173 September 2006 – 100,000 Copies CFS
1050-52 Rev 9:06



House of Kids Development Center

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Chicago, IL 60652

Phone: 773-344-4415

PARENTAL CONSENTS

Medical Screenings:

My child has permission to receive a Functional Hearing and Vision Screening conducted by trained staff on children under three years old.

Parent Signature _____ Date _____

For Children Over Three Only:

My child has permission to receive a Vision and Hearing Screening by a trained and certified screener for children over three years old, provided by House of Kids agency.

My child has permission to have his/her height, weight, and blood pressure taken by the nurse consultant to our agency on a periodic basis during the school year for children over three years old.

Parent Signature: _____ Date _____

PARENTAL WAIVERS

Below are waivers giving permission to apply topical ointments that you provide for your child. Please sign in case you want any of the following applied. Please remember to label your child's creams and ointments. The program provides diapers and wipes.

Diaper Cream/Wipe Waiver:

I give the staff of House of Kidds permission to apply diaper cream and use diaper wipes on my child.

Parent Signature _____ Date _____

Teething Gel Waiver: _____

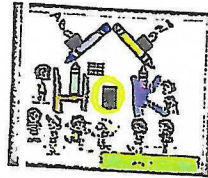
I give the staff House of Kidds permission to apply teething gel to my child.

Parent Signature _____ Date _____

Sunscreen Waiver:

I give the staff of House of Kidds permission to apply sunscreen on my child.

Parent Signature _____ Date _____



House of Kids Development Center

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Child's Name: _____ Birth Date: _____

Emergency Medical, Dental, and First Aid:

I have read and understood the policies and procedures regarding medical and dental treatment for my child. I agree that in the case of accident, illness, or injury, emergency medical and/or dental care, or first aid may be given.

Parent Signature _____ Date _____

Class Outings:

My child is granted permission to participate in any walking trips taken. I understand that supervision will be provided on all walks and health and precautions are always taken. I will be notified in writing in advance and must give separate permission for any field trips requiring transportation.

Parent Signature _____ Date _____

Media Release Form:

My child has permission to be photographed or videotaped during his/her attendance at House of Kidds. These photographs or videotapes may be used in the center or for publicity.

Parent Signature: _____ Date _____

Developmental Screenings:

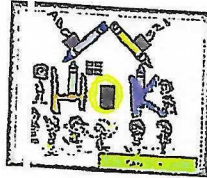
I understand that House of Kidds will conduct an initial screening for my child to monitor my child's typical developmental and determine if further assessment is necessary. These screenings include the Ages and Stages (ASQ), Ages and Stages/Social-Emotional (ASQ)/SE, and Early Screening Inventory-Revised (ESI-R). Permission is granted to conduct these screenings.

Parent Signature _____ Date _____

Assessments:

I understand that House of Kidds will conduct ongoing and continuous educational assessments through The Gold Teaching Strategies. These assessments will be shared with parents during Family Conferences held in November and May of each year. In addition, House of Kidds conducts academic assessments quarterly.

Parent Signature: _____ Date _____



House of Kids Development Center

823 1/2 S. Pulaski Rd.

Chicago, IL 60652

Phone #: 773-344-4415

The following people can pick-up my child:

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

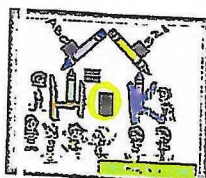
Name _____

Address _____

Phone Number _____

Parent/Guardian Signature _____

Date _____



House of Kids Development Center

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General Information Form:

School Year: _____

Child Name _____ Date of Birth _____ Sex _____

Address _____ City _____ State _____ Zip _____

Date of Admission _____ Date of Discharge _____

Has your child ever attended another day care? If yes, which one? _____

Parent/Guardian Information

Name _____

Marital Status _____

Date of Birth _____

Home Address _____

Phone Number _____

Work Address _____

Work Phone _____

Name _____

Marital Status _____

Date of Birth _____

Home Address _____

Phone Number _____

Work Address _____

Work Phone _____

Emergency Contacts

Name _____

Name _____

Home Address _____

Home Address _____

Phone Number _____

Phone Number _____

Child's Physician, In Case of Emergency

Name _____

Address _____

Phone Number _____

Hospital or Clinic _____

Does your child have an IFSP or has your child ever been referred for Early Intervention Service?

☐ Yes

☐ No

Please list any illnesses or abnormalities: _____

Is your child taking medication?

☐ Yes

☐ No

Will Medication be needed at daycare?

☐ Yes

☐ No

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, I REQUEST THE SCHOOL CONTACT ME. IF THE SCHOOL IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO TRANSPORT

Print Parent/Guardian Name _____

Signature Parent/Guardian _____

Date Signed _____

House of Kids Development Center

8233 S. Pulaski Rd.

Chicago, IL 60652

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Interest Form

Application Date: _____

Child Name _____ Date of Birth _____

Parent Information

Parent/Guardian

_____ (Last) _____ (First) _____ (M.I.)

Home Address _____
(Street Name) (City) (State) (Zip Code)

Cell Phone: _____ Home Phone: _____

Email _____ Facebook Email: _____

Relationship to child: _____ Highest Grade Level Completed: _____

Is the other parent in the household:

- ☐ Yes
☐ No

If you answered yes: Is the other parent employed:

- ☐ Yes
☐ No

What is your total family size (include yourself, child(ren) and spouse)? _____

Do you currently receive TANF?

- ☐ Yes
- ☐ No

Are you currently employed?

- ☐ Yes
- ☐ No

Are you currently a student?

- ☐ Yes
- ☐ No

Does your child have an identified special need or were they referred for screening?

- ☐ Yes
- ☐ No

If your child does have a special need what is it? _____

What is the primary language spoken in your home? _____

Are you planning to apply for Action for Children Childcare Subsidy?

- ☐ Yes
- ☐ No

If so, what is your monthly gross income? _____

Do you currently receive child support?

- ☐ Yes
- ☐ No

If yes, how much do you receive monthly? _____

Do you currently receive Social Security benefits?

- ☐ Yes
- ☐ No

If yes, how much do you receive monthly? _____

How did you hear about our program? _____

When do you want your child to start? _____

Parent Signature: _____ Date _____

Transportation Authorization & Emergency Medical

_____ I authorize transportation for to and from school for my child.

_____ I authorize transportation to and from field trips for my child in company van.

_____ I authorize my child to be transported in a licensed private school bus company during field trips.

_____ I authorize transportation in case of medical emergency for my child.

Child Information

Name: _____ Phone _____

Home Address: _____

Public /Private School Information

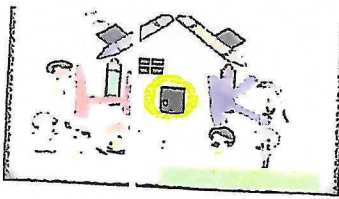
Name of school: _____

Phone number _____

School address _____

I give my permission to House of Kidds to act on my behalf regarding medical emergencies.

Parent Signature: _____



Child Discipline and Behavior Policy

House of Kidds is committed to providing children and families with learning oriented quality childcare in a safe and loving environment. A major part of that obligation is focused on the importance of discipline and its effect on children while enrolled at HOK facilities. Discipline is not intended to control children; rather it is seen to help children control their behaviors. By emphasizing "self-discipline", children learn to make choices and accept responsibility.

HOK discipline policy encourages the use of redirection with children. We will remove a child from an area if the problem persists. Written rules for each age group will be posted in the appropriate classrooms. We must ask you not to hit or spank your child on HOK property, as this can be misinterpreted by an observer who does not know that you are that child's parent. HOK property includes all parts of the building, playground, and parking lot. Please understand that this policy is for the protection of all parents and HOK staff, and is no way directed at any one individual. If you need further clarification of this policy, please see your Center Director.

From DCFS, licensing standards for daycare centers, section 407.27 the following behaviors are prohibited in a childcare setting:

- Corporal punishment, including hitting, spanking, swatting, beating, shaking, pinching, and other measures intended to induce physical pain or fear.
- Threatened or actual withdrawal of food, rest or use of bathroom.
- Abusive or profane language
- Any form of public or private humiliation including threats of physical punishment.
- Any form of emotional abuse including shaming, rejecting, terrorizing, or isolating a child.

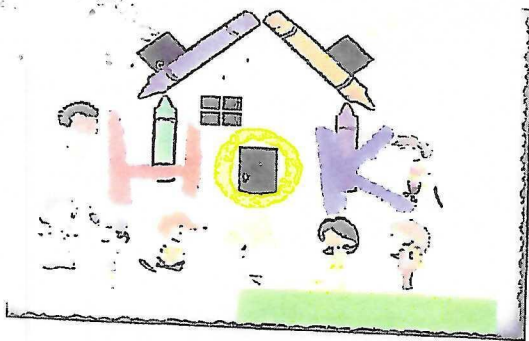
In addition, any child who, after attempts have been made to meet the child's individual needs demonstrates inability to benefit from this type of care offered by the facility, or whose presence is detrimental to the group, shall be discharged from the facility. In all instances, when a facility decides that it is in 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/she leaves the facility, including referrals to other agencies.

If a child's behavior progresses to the point that he/she poses a threat to himself/herself or the other children or staff members and the use of redirect discipline has proven insufficient to protect the environment of the center, the parent/guardian of the child will be contacted and must remove the child from the center for the remainder of the day and must stay home the following day. If on the day he/she returns and displays similar behavior, the child must be removed from the center for the remainder of the week. Behavior will include biting through the skin, biting multiple times, or aggressive behavior with intent to harm. Repeated or frequent request for removal due to behavior problems could result in disenrollment. If documentation is on file, clinical behavior management plans can be implemented to meet the needs of the child. These plans must be developed by a team including staff, parents, and a professional clinician. Necessary training will be provided for necessary staff members.

I the parent/guardian, understand the discipline as stated above and will adhere to my/our responsibility.

Parent/Guardian Signature

Date



Late Pickup Policy and Procedures

A late pick-up fee of \$1.00 per minute per child will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after-hours service.

Late pick-up fees and procedures will be addressed in the following ways:

- At the time of closure, the Center Director will attempt to contact the parents or guardians of the child.
- If the Center Director is unable to reach the parents or guardians, they will call the contacts listed on the emergency contact list.
- If after one hour, the Center Director has not been able to reach the parent/guardian or any emergency of the emergency contacts, they will contact the police to take custody of the child and assist with locating the parents or guardians.

For the safety of your child, it is crucial that you notify us as soon as possible if any of the following information should change:

- Home and work phone numbers
- Home and work addresses
- Name, address, and telephone number of those authorized to pick up your child.
- Name, address, and telephone number (day and evening) of the people to be contacted in an emergency if the parents cannot be reached.

As a reminder, we will use this information to check identification upon pickup of your child.

Your child's safety is our number one priority, and we appreciate your partnership in helping us ensure that we always have accurate and current contact information.

I have read and understand the information about Late Pickup Policies and Procedures.

Child's Name: _____

Parent Guardian: _____

Parent/Guardian Signature: _____