

Kids Korner Application

Kids Korner scheduled hours coincide with Carbondale School Dist. #95

101 N. Glenview Drive
Carbondale, IL 62901

www.cpkd.org

Phone: 618-457-7356

Fax: 618-529-1873

Please include the following for enrollment:

1. Attached application
2. Copy of Birth Certificate
3. Current Physical with immunizations
4. A voided check with the Tuition Express form (in application)
5. Current Food program sheet completed (in application)



Date of Enrollment

Date of Discharge

BACKGROUND INFORMATION

Child's Name _____ Name used _____
(Last) (First) (Middle)

Birthdate _____ Sex _____ Religion _____
(optional)

Home Address _____ Phone _____
(Street) (City) (Zip)

How many brother and sisters does the child have? _____ Please list names and ages:
_____ age _____ age _____
_____ age _____ age _____

Has your child ever attended nursery school or day care before? _____ Yes _____ No Where? _____

Where does your child attend elementary school? _____
(if registering during summer, name future school)

What Grade Level? _____

Is your child happy in school? _____ Yes _____ No If no, why _____

Does your child have any specific fear the staff should know about? Such as: being left alone, cats/dogs, insects, thunder/lightening/storms, loud noises, dark, new situations, separations from parents/family, death, fire, etc. (you may circle and/or add to the list) _____

What are your child's play habits? Prefers to play alone; plays with siblings, friends; prefers to play outside, inside; prefers to watch TV? (you may circle and/or add to list) _____

How do you handle discipline problems with your child? _____

What is your accustomed mode of reassuring and rewarding your child? _____

Has your child ever had a serious accident or illness? _____

Has your child had asthma? _____ Yes _____ No Allergies? _____ Yes _____ No
If allergies, what reaction does he/she have to those allergies? _____

What foods, drugs or substances must be kept from your child? _____

Does your child have frequent earaches? ____ Yes ____ No If yes, how frequently? _____

Do you notice any of the following in your child?

	Yes	No	Sometimes
Indigestion			
Constipation			
Diarrhea			
Vomiting			
Frequent Fevers			
Sinus Trouble			
Nose Bleeding			
Headaches			
Frequent Colds			
Tonsillitis			
Nightmares			
Nail Biting			
Ear Infections			
Difficulty in Seeing			
Difficulty in Hearing			
Difficulty in Speaking			
Difficulty in Walking			
Difficulty in Running			

Has your child ever experienced a seizure? ____ Yes ____ No If yes please describe what caused the seizure and any special procedures that the staff should follow. _____

Are there any circumstances regarding your child's physical or emotional status that you would like us to be aware of? _____

Are there any other special concerns about your child? _____

Are there any problems with your child the staff should know about? _____

Are there any other things you would like us to know? _____

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

FAMILY DATA

Mother or Guardian's Name _____

Address _____ Phone _____

Occupation _____ Employer/College _____

Business Address _____ Phone _____

Email address _____

Hours of Work _____ If student, a copy of schedule must be provided

Father or Guardian's Name _____

Address _____ Phone _____

Occupation _____ Employer/College _____

Business Address _____ Phone _____

Email address _____

Hours of Work _____ If student, a copy of schedule must be provided

If parents are separated or divorced, does the absent parent have any contact with the child?

____ Yes ____ No Unlimited access ____ Yes ____ No

Are there any certain parental limitations we should know about? _____

CHILD PICK UP

I/We authorize ONLY

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

To pick up my/our child when I/we are unavailable

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

EMERGENCY MEDICAL CARE

Which parent should be contacted first in an emergency? _____

In case of emergency, whom should we contact if parent(s) cannot be reached?

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

What is the name of your doctor, pediatrician or clinic? _____

Address _____ Phone _____

In the event of an emergency and until parents are notified; I/we give the Staff of Carbondale Park District permission to administer emergency first aid to my/our child in my/our absence.

I/we will further expect the Staff of the Carbondale Park District to contact me/us as soon as possible; but, until I/we am/are reached, they act on my/our behalf even to the extent of requesting professional medical care. If at all possible, the Staff of the Carbondale Park District should contact the specific physician listed herein if they deem it necessary. I/we will be responsible for the emergency medical charges upon receipt of the statement.

The preferred doctor/clinic/hospital is _____

Date _____
Signature of parent/guardian _____ Relationship to child _____

Date _____
Signature of parent/guardian _____ Relationship to child _____

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize the Staff of the Carbondale Park District to administer patent 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 _____

ADMINISTER OVER-THE-COUNTER MEDICINE

I/we authorize the Staff of the Carbondale Park District 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

TRIPS, EXCURSIONS AND PUBLIC PARK FACILITIES

I/we authorize the Staff of the Carbondale Park District 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 a vehicle owned or leased by the Staff of the Carbondale Park District. I/we understand all such trips are under the supervision of the Staff of the Carbondale Park District and that health and safety precautions are taken.

Date _____
Signature of parent/guardian Relationship to child

Date _____
Signature of parent/guardian Relationship to child

SWIMMING

I/we consent to my/our child using the swimming pools that the Carbondale Park District visit and/or own.

Date _____
Signature of parent/guardian Relationship to child

Date _____
Signature of parent/guardian Relationship to child

PHOTOGRAPHS

I/we authorize photographs to be taken of my/our child while participating.

Date _____
Signature of parent/guardian _____ Relationship to child _____

Date _____
Signature of parent/guardian _____ Relationship to child _____

Hours of Operation & Late Pick Up Fee

The program will regularly begin its operation upon school dismissal from School District #95 and will close at 6:00pm. On snow days, parent/teacher conference days, school holidays and during summer session, the program site will begin operation at 7:30am and will close at 6:00pm.

If a parent arrives later than 6:00pm to pick their child up, a late pick-up fee will be assessed. The late charge is \$1.00 for every minute beginning at 6:01pm. THE LATE PICK-UP FEE IS TO BE PAID AT THE TIME OF LATE PICK-UP. In the event the late fee cannot be paid at that time, it must be paid no later than the next evening or it will be added to cost of tuition at time of billing.

Please call Kids Korner if you are going to be late. Both staff and children become worried.

I acknowledge that I have read and understand the Late Pick Up Fee policy

Date _____
Signature of parent/guardian _____ Relationship to child _____

Date _____
Signature of parent/guardian _____ Relationship to child _____

Notice of Pest Management

During the first week of each month, Terminex assesses and treats our building using best practices for pest management. This does not impact the use of the building for staff or students.

I acknowledge that I have read and understand the Pest Management policy

Date _____
Signature of parent/guardian _____ Relationship to child _____

Date _____
Signature of parent/guardian _____ Relationship to child _____

Notice of DISCIPLINE POLICY

Each room has a clip chart displayed with the children's names on it. There are seven colors: Purple, Blue, Green, Yellow, Orange, Red and Black. Your child will start every day with a Green card. If they break a rule, they will be given a verbal warning by staff about what rule was broken and be given the opportunity to make a better choice. If they break a rule again, they will be asked to move their clip to the next color. If they are going above and beyond, they will be able to move their clip up to blue or purple. We are promoting positive behavior as well as giving the children a chance to redeem them by being able to move up or down throughout the day.

PLEASE CHECK YOUR CHILD'S BEHAVIOR CHART AT THE END OF EACH DAY! Your child will have a sticker chart displayed in their room which reflects their clip each day.

If a child has to move their clip to Black, they will get a behavior report written for them which will be discussed with the parent and signed by teacher and parent. **It is our job to keep students at Kids Korner safe. If a child physically endangers others, their clip will immediately turn to black and they will need to be picked up.** If a behavior report is written within a week of a field trip, the student will miss the field trip.

After two behavior reports, a conference will be called for parent, teacher and student to discuss how to manage behavior moving forward. The behavior plan will be put into action for two weeks, after which time the teacher, parent and student will meet to conference and decide what is working and what needs to be altered. The child will have a one-month adjustment period for the plan (beginning at the time of the first conference). After this one month period, if the child turns their card to black they will be written up and no longer be allowed to attend Kids Korner. ☹

WHAT THE COLORED CARDS MEAN

Purple- Outstanding Behavior ☺

Blue- Above and Beyond!

Green- Good Day

Yellow- Verbal Warning

Orange- Time out (for students in Kindergarten and First grade)

Red- Time out and phone call home (two reds = loss of field trip)

Black- Behavior report and phone call home, Loss of Field Trip

I acknowledge that I have read and understand the discipline policy

Sign name (All Parents)

Date

Sign name

Date

VERIFICATION OF RECEIPT OF STANDARDS
(FOUND WITHIN PARENT HANDBOOK)

I/We, _____ Parent(s) of

_____, hereby certify that I/we have received a
Name(s) of Child(ren)

summary of licensing standards and other materials published by the Illinois Department of Children and Family Services. These materials are included in the Parent Handbook. If you did not receive a handbook at time of enrollment, please ask for one!

Date _____
Signature of parent/guardian Relationship to child

Date _____
Signature of parent/guardian Relationship to child

**Kids Korner
Carbondale Park District
School Consent Form**

I/we authorize that _____ will be attending

Child's Name

_____ School and will arrive at Kids Korner

School and Grade

on bus # _____ or _____ will be dropped

off at Kids Korner by _____.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

Carbondale Park District
Child Development

Child's Name: _____

Date of Birth: _____

Parent's Name: _____

Address: _____

Home Phone: _____

Mother's Work: _____

Mother's email: _____

Mother's Cell Phone: _____

Father's Work: _____

Father's email: _____

Father's Cell Phone: _____

Do both parents live at the same address _____ Yes _____ No

If different address and number please fill out this section

Address: _____ Phone: _____

Child Pick Up Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact

1st (Name) _____ Phone: _____

2nd (Name) _____ Phone: _____

Waiver of Participation:

As a participant in a Carbondale Park District/ Kids Korner, I recognize and acknowledge that there are certain risks of personal injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I/my child may sustain as a result of participating in any and all activities connected with or associated with such a program. I agree to waive and relinquish all claims I/or my child may have as a result of participating in the programs against the Carbondale Park District, and their officers, agents, servants and employees. I do hereby fully release and discharge the Carbondale Park District, and their officers, agents, servants, and employees from any and all claims from injuries, including death, damages or loss which I/my child may have or which may accrue to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Carbondale Park District, and their officers, agents, servants, and employees from any and all damages and losses sustained by me/my child and arising out of, connected with, or in any way associated with the activities of this program.

Parent/Guardian Name (PRINT): _____

Signature: _____

Date: _____