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)
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?

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<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
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<tbody>
<tr>
<td>Indigestion</td>
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<td>Constipation</td>
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<td>Diarrhea</td>
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<td>Frequent Fevers</td>
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<td>Sinus Trouble</td>
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<td>Nose Bleeding</td>
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<td>Headaches</td>
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<td>Frequent Colds</td>
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<td>Tonsillitis</td>
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<td>Nightmares</td>
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<td>Nail Biting</td>
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<td>Ear Infections</td>
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<td>Difficulty in Seeing</td>
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<td>Difficulty in Hearing</td>
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<td>Difficulty in Speaking</td>
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<td>Difficulty in Walking</td>
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<tr>
<td>Difficulty in Running</td>
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</tbody>
</table>

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 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
State of Illinois

Department of Children and Family Services

**VERTIFICATION 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
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: ___________________________