



Home Kidcare "The Best"  
584 Sierra Place  
Gurnee, IL 60031  
847-665-9207

**Application for Admission Home Kidcare "The Best"**

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_  
Child Address \_\_\_\_\_  
Name of Mother/guardian \_\_\_\_\_  
Home phone \_\_\_\_\_  
Mother Address \_\_\_\_\_  
Mother's place of work \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Name of Father/guardian \_\_\_\_\_  
Address \_\_\_\_\_  
Father's place of work \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

People **AUTHORIZED** to pick up child in an emergency:

Name \_\_\_\_\_ phone # \_\_\_\_\_  
Address \_\_\_\_\_ Cell # \_\_\_\_\_  
Name \_\_\_\_\_ phone # \_\_\_\_\_  
Address \_\_\_\_\_ Cell # \_\_\_\_\_  
Name \_\_\_\_\_ phone # \_\_\_\_\_  
Address \_\_\_\_\_ Cell # \_\_\_\_\_

\*Note: Authorized people must show State issued photo ID to the Home Kidcare staff.

People **NOT AUTHORIZED** to pick up child:

Name \_\_\_\_\_  
Name \_\_\_\_\_

Child's Physician Name \_\_\_\_\_  
Clinic Name \_\_\_\_\_ phone # \_\_\_\_\_  
Address of Physician/Clinic \_\_\_\_\_

Child's Dentist \_\_\_\_\_ phone # \_\_\_\_\_  
Address of Dentist \_\_\_\_\_  
Emergency Hospital Preference \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies/Special Health Considerations \_\_\_\_\_

**REGISTRATION FEE:** \$75.00 registration fee is to be paid and turned in with a completed application form with immunization records.

The registration fee is non-refundable unless the applicant is not accepted.

A physical may be done, and paperwork turned in, within 15 days.

Have you been informed of Home Kidcare "The Best" education program? \_\_\_\_\_

Have you had a tour? \_\_\_\_\_

If not, ask the Director to explain our education program to you and take a tour.

### Registration/Family & Social History

Siblings: list name and ages:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Family remarks \_\_\_\_\_

Has your child had any other play group experiences? \_\_\_\_\_

If yes, where? \_\_\_\_\_

What are your child's favorite indoor play activities? \_\_\_\_\_

Outdoor play activities? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

What method of discipline is used in your home? \_\_\_\_\_

Developmental History of your child

Is your child toilet trained? \_\_\_\_\_ Usual time for B.M. \_\_\_\_\_

Word child uses for Urination \_\_\_\_\_ Bowel Movement \_\_\_\_\_

Other words your child uses that a teacher should know of:

\_\_\_\_\_ Does your child dress him/ herself? \_\_\_\_\_ Undress self? \_\_\_\_\_

Are there any diet restrictions? \_\_\_\_\_

Does your child have any speech problems? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Any other problems we should be aware of?

\_\_\_\_\_

## Contract for Enrollment

I, \_\_\_\_\_ am enrolling my son/daughter in Home Kidcare "The Best". My child will attend the center the days and approximate times listed. A request to change must be made to and approved by the Director or person in charge for the day.

	Arrival Time	Departure Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

\*Note: Our Home Kidcare operates 24/7. Please see the Director to discuss you special schedule.

I will pay my child's tuition according to the rates set and listed in the Parent Handbook for the current fiscal year. I understand the prices may increase on a yearly base. I have read the Parent Handbook and will adhere to the regulations contained within it. I will adhere to any additional regulations deemed necessary by the State of Illinois or by the Home Kidcare "The Best".

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

## Registration/Health History

Does your child have frequent:

- colds
- stomachaches
- earaches
- sore throats
- vomiting
- high fevers
- loose bowel movements

Any other past illnesses we should know about?

\_\_\_\_\_

Any past hospitalizations?

\_\_\_\_\_

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

How does the allergy show itself? \_\_\_\_\_

Is your child on any medications?

\_\_\_\_\_

Are there any activities your child can not participate in because of health?

How is your child's overall health? \_\_\_\_\_

Anything else the Home Kidcare "The Best" should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's napping habits? \_\_\_\_\_

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

Any other habits of eating, toileting or communication that you could tell us about?

\_\_\_\_\_

### **Use of sunscreens/insect repellents**

According to DHS regulations, Home Kidcare "The Best" needs permission to apply sunscreen, insect repellent, commercial wipes and diaper rash medications.

I request that the Home Kidcare "The Best" needs staff apply sunscreen, insect repellent, commercial wipes or diaper rash medications (which I provide) when needed to my child \_\_\_\_\_.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **Activity and Emergency consent**

I hereby grant permission for my child to use all the play equipment and participate in all the activities of the Home Kidcare. This applies to everyday that Home Kidcare "The Best" staff cares for my child, including picnics, walks or any other activities.

I hereby grant permission for the Director or teacher to take steps needed in a medical emergency for my child. This may include: 1. calling the parent, 2. calling the child's doctor, 3. calling anyone else on the child's emergency form.

If all these attempts are unsuccessful, and the Director or Teacher deems necessary, they will call 911.

I understand that any expenses will be paid for by the child's family.

If I need Home Kidcare "The Best" staff to give medication to my child, I will complete a medication authorization form signed by me.

All the above arrangements are in effect as long as my child is enrolled in Family Circle Child Care Center.

Child's name \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

**Trip Permission**

I \_\_\_do \_\_\_do not give consent for child to take part in field trips or excursion with Home Kidcare "The Best" under the proper supervision. It is my understanding that I will be notified prior to a trip.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Model Release**

I \_\_\_do \_\_\_do not give consent for photographs/videos of my child to be used on the Home Kidcare "The Best" web site and/or in print advertising for the school.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Agreements**

- (A) I have been informed that parent/teachers conferences are held at regularly scheduled intervals.
- (B) When my child is ill, it is understood and agreed that he/she may not be accepted into care.
- (C) I have read and accepted this facility's policies pertaining to admission, care and discharge of children.
- (D) A NON-REFUNDABLE enrollment fee of \$75.00 is enclosed. I have been informed that a 30 day written withdrawal noticed is required.
- (E) I have read and accept this facility's policies pertaining to payment of tuition.
- (F) I will keep Home Kidcare "The Best" update on any address, phone or work number changes.

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

**Statement of Health Status**

Home Kidcare "The Best" must obtain for every child who enrolls a signed and dated statement of the child's current health status, which indicates the child's abilities and/or limitations to participate in a regularly scheduled childcare program. This report is to be filled out by a licensed physician or other health care professional that has seen this child in the last twelve months. Please return Certificate of Child Health Examination within 15 days of enrollment.

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