Date:_____

# Norridge Park District's Early Care & Preschool Academy Enrollment Form

Child's Name:_____
Last First Middle

Address_____
City State Zip

Phone:_____ Date of Birth_____ Age_____ Sex: M F

Marital Status: Married Widowed Divorced Single
Circle One

**Name of Father/Legal Guardian:**_____

SSN#_____ Occupation_____

Employer:_____ Work Hours_____

Employer's Address_____
City State Zip

Work Phone_____ Cell Phone_____

Email Address_____

**Name of Mother/Legal Guardian**_____

SSN#_____ Occupation_____

Employer_____ Work Hours_____

Employer's Address_____
City State Zip

Work Phone_____ Cell Phone_____

Email Address_____

Child's Physician:_____ Office Phone:_____

Office Address_____
City State Zip

**Name of person(s) to reach in case of emergency if parents cannot be reached. Please include these names on your child's authorized pick-up list.**

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

## Norridge Park District's Parent or Legal Guardian Consent Form
## Authorized Pick-Up List

I give authorization to the following people other than myself, to pick up my child from the Norridge Park District's Early Care & Preschool Academy. Please include spouse, if applicable. Persons on list must be *16 years of age* and have identification (state ID, Driver's License, Passport, or School ID).

Name _____ Relationship _____

Address _____ City, State, Zip _____ Phone # _____

Name _____ Relationship _____

Address _____ City, State, Zip _____ Phone # _____

Name _____ Relationship _____

Address _____ City, State, Zip _____ Phone # _____

Name _____ Relationship _____

Address _____ City, State, Zip _____ Phone # _____

Name _____ Relationship _____

Address _____ City, State, Zip _____ Phone # _____

Name _____ Relationship _____

Address _____ City, State, Zip _____ Phone # _____

**Parent or Legal Guardian Signature** _____ **Date** _____

**Home Phone #** _____ **Emergency Phone #** _____

******If someone other than those authorized above will be picking up your child, a written note with parent signature or a FAX must be sent with your child informing the Academy of the change. NO PHONE CALLS WILL BE ACCEPTED.**

## PERSONAL HISTORY

Child's Name_____Nick Name_____Birth Date_____

Is this your child's first experience in a Child Care/Preschool/School Age Program?____

If not, what was your child's reaction?_____

Beside English what other languages are spoken at home?_____

Parents: ___Married ___Divorced ___Widowed ___Single

Child Resides with:_____Full Custody __Joint Custody
*If divorced, we require a copy of the current child custody agreement for our file.*

## HEALTH

Please list any known allergies:_____

Which is your child's dominant hand? Left____ Right____

Any vision problems? _____Eyeglasses?_____

Any hearing problems?_____Frequent infections?_____Tubes?___

Any speech problems?_____Age child began to talk:_____

Any physical disabilities?_____

Any health issues?_____

Does your child have any special needs or require any accommodations?_____

_____

## NUTRITION

Are there any foods your child cannot eat?*_____

_____

**(If your child needs to substitute foods listed on our menus we must have a Medical Exception Statement For Food Substitution form completed by your child's Physician. Forms are available at the Academy.)*

*Early Childhood Only:* Does you child use a sippy cup?___ Regular cup/glass?___

(Please note: baby bottles are not allowed in the Two/Three year old program.)

## Toilet Habits

Can your child be relied upon to indicate his/her restroom needs?_____

Does your child have frequent toilet accidents?_____

*Early Childhood only:* Is your child in diapers?___ Pull-Ups?___ Underwear?___

## SOCIAL / EMOTIONAL RELATIONSHIPS

Does your child have any brothers or sisters? Please list names and ages.

1. _____ 2. _____

3. _____ 4. _____

Is there any extended family at home? Please list: _____

_____ _____

Has your child had experiences in playing with other children?_____

Please indicate your child's nature: friendly___ active___ shy___ withdrawn___ aggressive___

How does your child relate to strangers?_____

Does your child have any special attachments? Blanket__ Toy___ Pacifier___ Other_____

_____

Please note any specific situations in which your child tends to become:

Upset_____

Angry_____

Afraid_____

Other_____

How does your child express the above?_____

_____

What works best for you in handling your child?_____

How do you comfort your child?_____

What are his/her likes and dislikes?_____

_____

Is there anything else you would like us to know about your child and/or family?_____

_____

## Norridge Park District's Early Care & Preschool Academy
## Consent Form

Child's Name_____

1. I give permission for my child to go to the Norridge Community Park, to go on walking trips in the neighborhood, and to go on special excursions to places of interest with the understanding that such trips are under the supervision of authorized personnel of the Academy and that all possible precautions are taken to insure the health and safety of my child.

Parent/Guardian Signature_____Date_____

2. I give permission for my child to be transported in the Norridge Park District Childcare Bus in the event of inclement weather when my child is participating in a planned walking field trip. The seatbelt–equipped busses are federally and state approved for transporting children.

Parent/Guardian Signature_____Date_____

3. I give permission for my child to be included in photos participating in various activities with his/her group. The Norridge Park District or the local news agencies may use the photos for publicity reasons.

Parent/Guardian Signature_____Date_____

# CONSENT FOR EMERGENCY MEDICAL TREATMENT

Child's Name: _____

Program (Please Circle): Early Care Preschool School Age Care

In case of an emergency I cannot be reached I hereby give the Norridge Park District's Early Care & Preschool Academy permission to administer emergency medical treatment to my child: i.e., call 911 and transport my child to the nearest hospital.

I understand that my child will be accompanied by a staff member who will wait with my child until I or someone from my authorized pick-up list arrives at the hospital.

Parent/Guardian Signature:_____

Date:_____

# Norridge Park District's Early Care & Preschool Academy

## Late Pick Up Policy

The Norridge Park District's Early Care & Preschool Academy operates

**Monday through Friday from 6:30 am until 6:00pm.**

The following policies apply:

- Late pick-up fees go into effect at 6:01pm. The late fees are as follows:

| | |
|---|---|
| **6:01 – 6:10 pm** | **$5.00** |
| **6:11 - & after** | **$5.00 plus $2.00per minute** |

- **The fee for late pick-ups (after 6:00 pm) will automatically be added to the next tuition payment.**

- The Academy understands that emergencies occur. However, it is essential that the Academy be immediately informed if you are unable to pick up your child on time. A phone call will help alleviate any anxiety your child may have.

- Staff will use due diligence to assist by calling someone from your pickup/emergency contact list to come and get your child for you.

- It is extremely important that emergency contact information for your child be kept up to date.

- If a parent, or other authorized person, does not arrive to pick up a child at the scheduled time and the Academy has not been informed of an emergency necessitating such no-show the following procedure will be followed:

  - The late pick-up fees noted above will go into effect immediately
  - After ten minutes have passed, staff will begin to telephone all contacts on record for the child beginning with the parents, then the three emergency contacts listed on the enrollment form, and lastly all persons on the child's authorized pick-up list.
  - If none of these persons can be contacted within 45 minutes of the scheduled pick-up time, police assistance will be sought.
  - Staff will not hold the child responsible for the situation and discussion of this issue will only be with the parent or guardian and never with the child.

- **Please Note:** The Academy reserves the right to suspend, refuse or discontinue service to any family with *three or more* late pick-ups within a one month period.

**I have read and will abide by the late pick-up policies.**

**Parent Signature(s)**_____**Date**_____

_____**Date**_____

## Norridge Park District's Early Care & Preschool Academy
## PRESCHOOL AND CHILD CARE TUITION POLICY

- The Norridge Park District's Early Care and Preschool Academy bills parents according to their child's program and schedule given at the time of registration.

- In order to receive resident (in district) rates, the enrolling family must provide a minimum of two forms of identification. The first form must be a valid Illinois Driver's License or Illinois State Identification Card with an in-district address (see the office for address listings). The other form must be a current utility bill, credit card bill, lease agreement, mortgage payment, etc., displaying your in-district address. At the time of enrollment if the family cannot provide all necessary forms of identification, non-resident (out of district) rates will be applied. If the family subsequently provides the proper documentation, resident rates will be applied at that time. No back dated credit will be given in these circumstances.

- Residency status must be updated annually, each family will be required to resubmit their proof of residency and fill out new enrollment forms for each child attending the academy. If it is determined that the family is no longer a resident, non-resident rates will be charged.

- Full tuition is due for scheduled program days whether or not your child is in attendance. This includes holidays and the yearly teacher institute day.

- Credit is not given for absences, illness, or holidays.

- Additional child discounts are given to families with more than one child enrolled in the same program. This discount will be applied to the child/children with the lesser tuition fee or the older child/children at the rate of 20%.

- Payments can be made in cash, check, money order, or credit card (we accept Visa, Discover, or Master Card). Payments cannot be taken over the phone.

- Parents may participate in **Tuition Express** an automatic payment program – see office for information and authorization form and

- The NSF (Not Sufficient Funds) fee is $25 and will be applied to all NSF checks or declined credit cards / insufficient funds in checking or savings accounts attached to the Tuition Express automatic payment account. Recovered monies are taken in a cash or credit card, in person payment only

- If the Academy receives three NSF notifications within a 12 month period, that family will be put on a cash or credit card, in person only, payment plan.

- The academy accepts subsidy payments from Illinois Action for Children. Parents need to contact the state (312) 823 1100 for the proper paperwork. It is the state's determination whether or not a family is approved for subsidy. If approved, the Academy requires the client to pay the difference between what the state pays and what the Norridge Park District charges for tuition. This fee will be significantly different than the determined "parent co-payment" issued by the state. The amount owed will differ from month to month based on the amount of service days in a given month. It is up to the parents to maintain their child's eligibility for subsidy; the Norridge Park District requires full tuition if subsidy eligibility lapses

Part-Time Preschool Tuition

- Parents are responsible for payment on a monthly basis. **All payments are due on the last service day of the month, one month in advance.**

- Payments can be made in advance, however if a payment is late, an additional $10.00 per child will be assessed every week payment is not made.

- Refund Policy: Refunds requested by July 31 will be full September tuition minus a $5 service charge. Refunds requested from August 1-31 will be half of the September tuition minus a $5 service charge. Refunds will not be processed after August 31.

-

Early Age and School Age Care Tuition

- A security deposit equal to one week's tuition is required 24 hours before the child's start date. Subsidy clients are also responsible for keeping a security deposit equal to one week's full tuition.

- **The security deposit will be credited to the child's last week of enrollment only when a written notice has been given to the office personnel at least two week in advance.** Security deposits are not refunded. If we do not receive written notice the deposit is lost.

- Parents are responsible for payment on a weekly basis.
- Multiple week payments will be accepted in advance only.

- All tuition payments are due on Monday of the current week however; payments will be taken up until Friday without penalty.

- If a payment is late, an additional charge of $10.00 per child will be assessed every week payment is not made. This includes families on state subsidy. Service will be suspended for families more than two weeks behind on payments until account is brought up to date.

- Part-time enrollment is considered 2 through 4 days. The Academy does not permit part-time hourly rates.

- Parents whose children attend 2 through 4 days are not allowed to swap days.

- All permanent changes in schedules (increasing or decreasing days based on slot availability) must be made **in writing** including a date and parent signature. The office staff will make the change and adjust your tuition fees.

- Vacation credit is given to every family (excluding summer only enrollees) who has been enrolled for a minimum of 6 months. At that time one-week credit is earned. When a family is enrolled for more than one year, a vacation credit of two weeks is given. Vacation credits must be taken in full week increments. Children cannot be in attendance during the week vacation credit is taken. Vacation credits cannot be held over. Credits not taken will be lost. Vacation credit renews and extends from September 1 through August 31.

**I have read and will abide be the Preschool and Child Care Tuition Policy.**

**Parent/Guardian Signature(s)**_____**Date**_____

_____**Date**_____

## Norridge Park District's Early Care & Preschool Academy
## GUIDANCE AND DISCIPLINE BEHAVIOR POLICY

It is the philosophy of the Norridge Park District's Early Care & Preschool Academy that positive discipline practices will be used to show each child consideration for themselves as individuals, respect and that there are consequences for inappropriate behavior. Positive discipline will be used to help each child grow in self-esteem, develop self-control and successfully become a member of the group. Discipline is an ongoing process – a teaching process. Disciplinary actions are the sole responsibility of the classroom staff employed by the Norridge Park District, the adults who have an ongoing relationship with the child. Parents will be informed of any situations pertaining to discipline and directly involved in the process of resolution.

The following guidelines are recommended:

- A time out procedure will be used only when necessary to separate a disruptive child from the group. Removal from the group to help a child gain control shall not exceed 10 minutes depending upon the age of the child.
- Children shall not be disciplined for failure to eat, toilet accidents, or failure to sleep.
- There will be no corporal punishment, (including hitting, spanking, beating, or any other measures to induce pain). No child will be humiliated or subjected to abusive or profane language, threats of punishment, or derogatory remarks. Discipline techniques will not humiliate, shame, reject, or frighten a child.
- Discipline will not include withholding food, rest, or toilet use.
- No physical restraints will be used to confine a child. There is one exception: physical restraint procedures will be used when a child is in danger of harming himself, herself, or others.
- The Academy believes that children should have the opportunity to solve their own problems. It is our job to provide them with a variety of coping strategies, give positive reinforcement and teach responsibility.
- The Academy aims to provide a developmentally appropriate program that is consistent and structured to meet the needs of individual children. While it is recognized that children in a social setting may display challenging and/or violent behaviors at times, exclusion proceedings will begin only when a child exhibits regular behavior that is detrimental to himself, herself, and/or others in the group. In addition, there are times when a family's philosophy will differ from that of the Academy. In those cases every effort will be made to accommodate the family. At times, a family may be asked to leave the program to find one where the services/philosophy more closely meets their needs.

### Dismissal Procedure

If a child continues to exhibit problematic behavior after staff has followed the discipline policy or the child's behavior constitutes a major incident determined by Academy administrative staff to be of sufficient severity to warrant immediate dismissal, the dismissal procedure shall go into effect. During the entire dismissal process the Director of Parks and Recreation will be kept informed. The Director of Parks and Recreation and the District's Board of Park Commissioners have worked together in conjunction with the Academy's administrative staff to develop this policy. It is with their support that the Academy will continue its efforts to protect the physical and emotional well-being of children in the program, and to keep every child in care safe and free from harm.

Except in instances of conduct by a child determined by Academy administrative staff to be of sufficient severity to warrant immediate dismissal, the following guidelines will be followed in implementing the dismissal procedure.

1. The parents will be kept informed of their child's problematic behavior through incident reports and and/or parent contacts.
2. In order to determine a workable solution to the problem the Academy's administrative staff will call for a multi-disciplinary staffing. Input shall be obtained from all persons including parents and staff who have worked or are currently working with the child in a significant capacity. If the parent chooses not to attend the staffing he/she will be notified of the meetings outcome. A summary of the staffing and any recommendations made will be filed in the child's cumulative enrollment folder.
3. If the child continues to exhibit the behavior which led to the staffing described above, the child will be escorted to the Academy's office. The parents will be notified and asked to pick up the child for the remainder of the day. A staffing will again be scheduled between the staff, administration, and the child's parents. Expectations and rules will be reiterated at the staffing with notice that if the child exhibits the problematic behavior again the child will be put on suspension from the program.
4. If the problematic behaviors occur again the child will be suspended from the program for a minimum of two days to a maximum of two weeks. The severity of the child's actions will determine the amount of time the child serves suspension.
5. Upon return of the child, if another incident occurs, the Academy will terminate the child's enrollment in the program. Parents will be required to sign the dismissal report.
6. If it determined that it is in the child's best interest to terminate enrollment, the child's parent's needs will be considered by planning with parents to meet the child's needs when he/she leaves the Academy, including referrals to other agencies or facilities.
7. The date of the child's last day will be given to the parents with as much advance notice as possible under the circumstances.
8. If the problematic behavior exhibited by the child involves repeated major incidents, or a single major incident determined by the Academy administrative staff to be of sufficient severity to warrant immediate dismissal, the child may be dismissed immediately. In such an event, reasons for the dismissal will be presented clearly in written form, approved by the Academy superintendent and forwarded to the Executive Director of the Park District. The child's parents will be asked to sign the written dismissal report and will then be provided with a copy. The written dismissal report will also be placed in the child's cumulative enrollment folder.

**I have read, agree with and understand that I will adhere to the above guidelines for discipline at the Norridge Park District's Early Care & Preschool Academy.**

**Parent/Guardians Signature(s)** _____ **Date**_____

_____ **Date**_____

**Staff Signature** _____ **Date**_____

Norridge Park District

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

PLEASE READ

Please read this form carefully and be aware that, in signing up and participating in Norridge Park District programs, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or other named participants might sustain, the terms "I", "me", and "my" also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages, or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the Norridge Park District, any and all other participating or cooperating governmental units any and all independent contractors, and any and all other persons and entitles, of whatever nature, that might be directly o indirectly liable for any injuries that I might sustain while participating in these programs. (The parties described the proceeding sentence are referred to as "released parties" in the remainder of this Agreement.)

I do hereby fully release and discharge the Norridge Park District and the other released parties from any and al claims for injuries, damage or loss which may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the Norridge Park District and any and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising ou of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation," programs," and "activities," referred to in th Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities or promises involved in these programs and transportation to and from any events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become part of this Agreement.

_____ _____

Parent or Guardian Must sign if participant is under age of 18 Date
Participant Must Sign if 18 years or older

PARTICIPANT'S NAME_____

PARENT/GUARDIAN: *Please print your name*_____

PROGRAM TITLE:_____

DO YOU HAVE ANY SPECIAL NEEDS?_____

## Norridge Park District Early Care & Preschool Academy

## STATEMENT OF UNDERSTANDING

I agree to read and adhere to all policies and any addendum found in the Norridge Park District's Early Care & Preschool Academy's Parent Handbook.

From time to time policies are reviewed, changed and added. If so I understand an addendum will be issued and I am to attach the addendum to my existing handbook.

I understand that I am required to read and adhere to any and all addendums and policies.

I received or downloaded my parent handbook on:

Date_____

Parent/Guardian Signature_____

A summary of the Licensing Standards as been developed to assist parents in monitoring the care provided by the child care academy, it can be found in the Parent Handbook.

This summary has been developed to assist parents in monitoring the care provided by the day care center.

For a complete copy of the Licensing Standards, write or call

Department of Children and Family Services
Office of Child and Family Policy
406 East Monroe Street
Springfield, Illinois 62701
Telephone (217) 524-1983

Licensing Standards for Day Care Centers may also be accessed through the DCFS website: www.DCFS.illinois.gov and following the links to Part 407, Licensing Standards for Day Care Centers. You may also contact your nearest DCFS office.

State of Illinois
Illinois Department of Children and Family Services
**VERIFICATION OF RECEIPT**

I/WE, _____
Please Print Name(s)

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

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

_____ _____
Signature of Parent Date

_____ _____
Signature of Parent Date

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

# ILLINOIS STATE BOARD OF EDUCATION
## Annual Enrollment Form
### Child and Adult Care Food Program

This form is required for Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs.

This form is NOT required for At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters.

Parents/Centers: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutr meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enr their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. If parent does not com Section 5, center staff should complete to the best of their ability (by observation) and initial the section. The center will review completed enrollment forr

| 1 FULL NAME OF ENROLLED CHILD (Include Birth Date/Age) | 2 DAYS OF WEEK IN ATTENDANCE | 3 TIMES CHILD NORMALLY ATTENDS DURING WEEK | | | | | | | | 4 MEALS RECEIV |
|---|---|---|---|---|---|---|---|---|---|---|
| | | TIME IN | | | TIME OUT | | | TIMES CHILD ATTENDS SCHOOL | | |
| **First Child** | ☐ Monday | AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | ☐ Early Morning Snacl |
| Name | ☐ Tuesday | | | | | | | | | ☐ Breakfast |
| | ☐ Wednesday | | | | | | | | | ☐ A.M. Snack |
| Birth Date | ☐ Thursday | | | | | | | | | ☐ Lunch |
| | ☐ Friday | ☐ Yes ☐ No I work multiple shifts and child(ren) may be in care different days/hours | | | | | | | | ☐ P.M. Snack |
| Age | ☐ Saturday | | | | | | | | | ☐ Supper |
| | ☐ Sunday | | | | | | | | | ☐ Evening Snack |
| **Second Child** | ☐ Same Days as Above | ☐ Same Times as Child Above | | | | | | | | ☐ Same Meals as Above |
| | ☐ Monday | TIME IN | | | TIME OUT | | | TIMES CHILD ATTENDS SCHOOL | | ☐ Early Morning Snack |
| Name | ☐ Tuesday | AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | ☐ Breakfast |
| | ☐ Wednesday | | | | | | | | | ☐ A.M. Snack |
| Birth Date | ☐ Thursday | | | | | | | | | ☐ Lunch |
| | ☐ Friday | ☐ Yes ☐ No I work multiple shifts and child(ren) may be in care different days/hours | | | | | | | | ☐ P.M. Snack |
| Age | ☐ Saturday | | | | | | | | | ☐ Supper |
| | ☐ Sunday | | | | | | | | | ☐ Evening Snack |
| **Third Child** | ☐ Same Days as Above | ☐ Same Times as Child Above | | | | | | | | ☐ Same Meals as Above |
| | ☐ Monday | TIME IN | | | TIME OUT | | | TIMES CHILD ATTENDS SCHOOL | | ☐ Early Morning Snack |
| Name | ☐ Tuesday | AM | PM | TIME | AM | PM | TIME | Leaves Center | Returns To Center | ☐ Breakfast |
| | ☐ Wednesday | | | | | | | | | ☐ A.M. Snack |
| Birth Date | ☐ Thursday | | | | | | | | | ☐ Lunch |
| | ☐ Friday | ☐ Yes ☐ No I work multiple shifts and child(ren) may be in care different days/hours | | | | | | | | ☐ P.M. Snack |
| Age | ☐ Saturday | | | | | | | | | ☐ Supper |
| | ☐ Sunday | | | | | | | | | ☐ Evening Snack |

*Please answer both questions. This information is voluntary.*

**5** ETHNIC/RACIAL CATEGORIES—

A. Ethnic data of child(ren) — Mark only one. ☐ Hispanic or Latino ☐ Not Hispanic or Latino

B. Racial data of child(ren) — Mark one or more that apply. ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ American Indian or Alaska Native

**6** SIGNATURE
I certify the information above is correct.

*Signature of Parent or Guardian* _____ *Date* _____ *Telephone Number of Parent or Guardian* _____

**CHILD CARE REPRESENTATIVE USE ONLY**

Effective Date of this enrollment form: _____

The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offic and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, s disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who requ alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Age (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Fede Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complain discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.ht and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secret for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institut is an equal opportunity provider.

Norridge
PARK DISTRICT

School Age Care Program
Transportation Consent Form

Child's Name:_____

School Attending:_____

Transportation/Walking

A.M. Yes_____ No_____

P.M. Yes_____ No_____

I give permission for the Norridge Park District's Early Care & Preschool Academy to transport my child in the district's childcare busses. If attending Leigh School, I give permission for the NPD staff to chaperone my child to the center.

I am aware that the Norridge Park District's Early Care & Preschool Academy is not responsible for my child once they are dismissed from school. The Norridge Park District takes responsibility for my child once he or she gets on the park district's childcare bus or is in the care of the district's staff chaperone.

Parent Signature:_____

Date:_____

Tuition Express

*Hop aboard the Tuition Express and never write a check again!*

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

***For Bank Account Authorization, complete and return to center management.***

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize Norridge Park District, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

Your Name _____ Phone # _____ DEPOSITORY - Bank or Credit Union Name _____

Address _____ Bank or Credit Union Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Type: ☐ Checking ☐ Savings

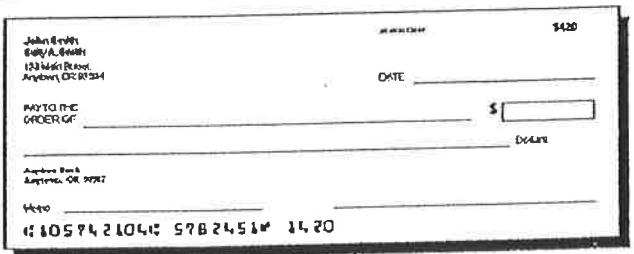
**Routing Transit Number (see sample below)** _____ **Account Number (see sample below)** _____

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____ Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

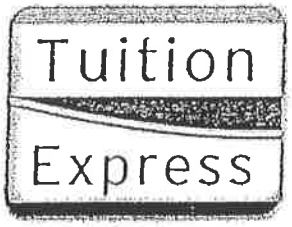



Routing Transit Number | Account Number | Check Number

The Norridge Park District will assess a NSF (Not Sufficient Funds) charge of $25 to declined credit cards or insufficient funds in checking or savings accounts attached to the Tuition Express automatic payment program. Recovered monies are taken in a cash or credit card, in person, payment only.

Please note: if the Academy receives 3 Tuition Express NSF checks/savings accounts or credit card declinations in a 12 month period the family will be put on a CASH or CREDIT CARD, in person only, payment plan.

**Please attach a copy of a voided check here. Deposit slips not accepted.**




*For Credit Card Authorization, complete and return to center management.*

## CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize Norridge Park District (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.**

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

Cardholder Name _____ Phone # _____

Cardholder Billing Address _____ Account Number _____

City _____ State _____ Zip _____ Expiration Date _____

Cardholder Signature _____ Date _____

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received: _____

Employee Signature: _____

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Please note: if the Academy receives 3 Tuition Express NSF checks/savings accounts or credit card declinations in a 12 month period the family will be put on a CASH or CREDIT CARD, in person only, payment plan.

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.