

STICKNEY TOWNSHIP YOUTH COMMISSION  
**KIDDIE PLAY TYME**  
**ENROLLMENT FORM**  
 Age Group 3-4-5

**Circle class time preferred: 9-11:00am or 12:30-2:30 pm**

CHILD'S NAME \_\_\_\_\_ BOY \_\_\_ GIRL \_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

DOES CHILD SPEAK ENGLISH CIRCLE YES OR NO LANGUAGE SPOKEN BY CHILD \_\_\_\_\_

ANY MEDICATION, ALLERGIES, OR HISTORY OF MEDICAL PROBLEMS \_\_\_ YES \_\_\_ NO

IF ANY PLEASE DESCRIBE \_\_\_\_\_

PARENT MARRITAL STATUS SINGLE \_\_\_ MARRIED \_\_\_ WIDOWED \_\_\_ DIVORCED \_\_\_

LEGAL GUARDIAN \_\_\_ CUSTODY/LEGAL PAPERS \_\_\_ LEGAL GUARDAIN NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

DOES MOTHER SPEAK ENGLISH CIRCLE YES OR NO LANGUAGE SPOKEN BY MOTHER \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

DOES FATHER SPEAK ENGLISH CIRCLE YES OR NO LANGUAGE SPOKEN BY FATHER \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ RELATION TO CHILD: \_\_\_\_\_

**WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT**

Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out of this program that you or the participant might sustain. The terms "I", "me", and "My" also refer to the parents or guardians as well as the participant in the program. In registering for the program, you are agreeing as follows: As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries including death, 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 program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury. I further recognize and acknowledge that field trips involve transportation which may result in and involve substantial risks of injury

I agree to waive and relinquish any and all claims I may have as a result of participating in the program against the Town of Stickney, its agencies and commissions, any other participating or cooperating governmental units, any independent contractors, officer, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. (The Parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement).

I do hereby fully release and discharge the Town of Stickney and the other released parties from any and all claims for injuries, including death, damage and losses which I may have or which may occur to me on account of my participation in the program. I further agree to indemnify, hold harmless and defend the Town of Stickney, and any and all other released parties, from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of the program. I further understand and agree that the terms such as "participation", "program", and "activities": referred to in this Agreement, include all exercises, transportation, and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instructions of supervision, the use and adjustment of any and all machinery, vehicles, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in the program. I understand the nature of the program for which I am registering and have read the fully understand the Agreement, as consideration of being allowed to participate in the program. I have signed this Agreement. I further understand that any advisement or warnings to the particular risks of this program that I have received or subsequently received or subsequently receive will be incorporated by reference into and become a part of this Agreement. By signing this agreement I allow photos of my child/children to be released for publication and or advertisements.

\_\_\_\_\_  
 (Signature of Parent or Guardian) Date

# **IMPORTANT REGISTRATION INFORMATION**

## **KIDDIE PLAY TYME PRESCHOOL**

**SESSION 1: SEPT. 4-OCT. 26, 2018      SESSION 2: OCT. 29-DEC. 20, 2018**

**SESSION 3: JAN. 7-MAR. 1, 2019      SESSION 4: Mar. 4-May 3, 2019**

- **PROGRAM COST IS \$25.00 FOR EACH 8 WEEK SESSION (Tues/Thurs)**
- **PROGRAM COST IS \$30.00 FOR EACH 8 WEEK SESSION (M/W/F)**
- **FULL PAYMENT IS DUE AT TIME OF REGISTRATION**
- **A PARENT WHO PRESENTS WITH A VALID IDHS ISSUED MEDICAL CARD SHOWING THE PARENT (NOT THE CHILD) AS THE INSURED WILL PAY HALF PRICE FOR THE KIDDIE PLAY TYME PROGRAM.**
- **CANCELLATIONS FOR THIS PROGRAM MUST BE MADE 2 WEEKS PRIOR TO START OF SESSION IN ORDER TO RECEIVE A REFUND.**
- **CASH & CHECKS ONLY ACCEPTED AS PAYMENT. PLEASE MAKE CHECKS PAYABLE TO *STICKNEY TOWNSHIP*.**

**ONCE YOU RESERVE A SPOT ONLINE ([TOWNSHIPOFSTICKNEY.ORG](http://TOWNSHIPOFSTICKNEY.ORG))**

**REGISTRATION IS COMPLETED AT THE PRESCHOOL LOCATION**

**6721 W. 40<sup>TH</sup> STREET, STICKNEY, IL (INSIDE THE NORTH CLINIC)**

**(708) 788-8122/ (708) 788-9100 ext. 4012**

STICKNEY TOWNSHIP YOUTH COMMISSION

**REQUIRED DOCUMENTATION  
FOR  
KIDDIE PLAY TYME PRESCHOOL**

- **3 PROOFS OF RESIDENCY (including current Illinois Driver's License/Illinois State ID Card)**  
**AND**
- **2 OF THE FOLLOWING:**
  - 1) **Current utility bills**
  - 2) **Property tax bill or lease**
  - 3) **Auto registration or auto insurance card**

**THE FOLLOWING ITEMS ARE ALSO REQUIRED**

- **CHILD'S BIRTH CERTIFICATE**
- **CHILD'S CURRENT IMMUNIZATION RECORD**

**ADDITIONAL ITEMS**

- **CURRENT IDHS ISSUED MEDICAL CARD SHOWING THE PARENT AS THE INSURED (in order to qualify for registration discount of half the cost)**
- **FULL PAYMENT (cash/check only) – due at registration (checks are to be made payable to Stickney Township)**

## Release Form

I, \_\_\_\_\_  
(parent or legal guardian name)

give permission for Stickney Township to release my child,

\_\_\_\_\_ into the custody of the following person(s):  
Childs name

**Any person listed below, the emergency contact and parents will need to show a drivers license or state id prior to release. We will keep a copy on file for our records.**

Name	Address	Phone#

**I understand that it is my responsibility to update this form in the event that I no longer authorize one of the above listed individuals to pick up my child.**

\_\_\_\_\_  
(parent or guardian signature, and date)

GENERAL CONSENT FORM

I hereby give consent for my child \_\_\_\_\_  
to participate in outdoor activities and photographs for publicity purposes as  
sponsored by the Stickney Township Youth Commission.

---

Parent/Legal Guardian

---

Date

**STICKNEY TOWNSHIP YOUTH COMMISSION**

**LATE ARRIVAL POLICY**

**OUR PRESCHOOL CLASSES START PROMPTLY AT 9:00 AM AND 12:30 PM. PLEASE BE SURE TO HAVE YOUR CHILD TO CLASS BY THESE START TIMES. IT IS DISRUPTIVE TO THE CLASSROOM AND FELLOW STUDENTS WHEN CHILDREN ARRIVE LATE FOR CLASS.**

**PLEASE BE ADVISED THAT CHILDREN WHO ARRIVE LATE FOR CLASS WILL HAVE TO WAIT IN THE LOBBY UNTIL THE NEXT CLASSROOM TRANSITION BEFORE BEING ADMITTED INTO THE CLASSROOM. (THIS COULD BE AS LONG AS 15-30 MINUTES THAT YOUR CHILD WILL BE MISSING FROM THEIR EDUCATION).**

**THANK YOU FOR YOUR COOPERATION.**

-----  
**I have read and understand that if my child arrives for class past his/her start time (as indicated above) I will need to wait with my child in the lobby until the next classroom transition before my child will be admitted into the classroom. I am also aware that the wait could be as long as 15-30 minutes and that my child will be missing this amount of time from his/her education. I am further aware that it is my responsibility to inform those transporting my child of this Late Arrival Policy.**

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

\_\_\_\_\_  
**Print Child's Name**

\_\_\_\_\_  
**Date**

STICKNEY TOWNSHIP YOUTH COMMISSION

**DROP OFF/PICK-UP POLICY  
(KIDDIE PLAY TYME)**

The designated drop off times for the Kiddie Play Tyme programs are 9:00 am (for the AM session) and 12:30 pm (for the PM session). Parents are expected to be prompt when dropping off a child for the program and should plan to arrive a few minutes before 9:00 am (for the AM session) and a few minutes before 12:30 pm (for the PM session). Due to the disruption late arrivals cause other children, please make sure your child arrives on time.

The designated pick-up times for the Kiddie Play Tyme programs are 11:00 am (for the AM session) and 2:30 pm (for the PM session). Any parent who picks up their child after 11:00 am (for the AM session) and after 2:30 pm (for the PM session) will be charged \$5.00 for the first offense. A second offense will incur a charge of \$10.00. A third offense may result in the termination of your child from the program. (Individual situations will be considered). All occurrences will be documented. The determination for a late pick-up charge and termination from the program will be made by the Director or Program Coordinator.

*Please be advised that your child will not be able to return to the program until the late pick-up fee is paid in full.*

\*\*\*\*\*

I have read and understand the protocol for the drop off and pick up of my child. I am aware that my child must arrive promptly for class each day. I am also aware that my child must be picked up promptly at program's end. I am further aware that I will be charged a fee of \$5.00 for the first late pick-up and \$10.00 for a second late pick-up. I am also aware that a third late pick-up may result in my child's termination from the program. I am further aware that my child cannot return to the program until the late pick-up fee is paid in full.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Date

STICKNEY TOWNSHIP YOUTH COMMISSION

**RE: SAFETY and WEARING OF SANDALS/FLIP FLOPS/OPEN TOED SHOES  
IN YOUTH COMMISSION PROGRAMS**

Dear Parents:

Please do not send your child to class in any kind of sandals/flip flops or open toed shoes due to the potential for injury to your child during play activities. Please be advised that if your child presents for class with the above mentioned type of footwear, your child will not be admitted to the classroom and will need to leave with you or whoever brings your child in. Your child will need to wear gym shoes with socks in order to safely participate in both indoor and outdoor activities.

Please sign the bottom portion of this form.

Thank you for your cooperation with helping us to keep your child safe.

Sincerely,

Linda Hinker, LCSW  
Director

\*\*\*\*\*

I have read the Youth Commission's policy on safety and appropriate footwear to be worn to class and understand that if my child \_\_\_\_\_ is brought to class wearing sandals/flip flops/open toed shoes, or any other kind of open shoe, he/she will not be admitted to the classroom and will need to leave with whoever brought him/her to the program. I am also aware that gym shoes (worn with socks) are the required shoe of choice for my child's program activities and for injury prevention.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



STICKNEY TOWNSHIP YOUTH COMMISSION

HEAD CHECK POLICY

In the event of suspected or confirmed cases of head lice, Youth Commission staff may need to conduct occasional head checks on your child. Head checks will be performed when indicated for the safety and protection of all children and staff involved in Youth Commission programs. Parent(s) or legal guardian must sign the *Authorization for Head Check* in order for your child to enroll in a Youth Commission sponsored program. Failure to sign the *Authorization for Head Check* will prevent the enrollment of your child in Youth Commission programs.

AUTHORIZATION FOR HEAD CHECK

I give permission for Youth Commission staff to conduct a head check on my child,

\_\_\_\_\_ when indicated. I understand that this  
Child's Name

authorization is valid for the duration of the current program my child is enrolled in.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**STICKNEY TOWNSHIP YOUTH COMMISSION**

**SEPARATION QUESTIONNAIRE**

Does your child seem anxious about leaving home or being separated from you? Please explain.

---

---

---

Does your child resist leaving you, even to go to school? \_\_\_\_\_

Is your child afraid of being left anywhere, even home, without you? \_\_\_\_\_

Has your child been separated for long periods of time from his/her family before? Please explain. \_\_\_\_\_

---

---

Does your child experience difficulty when separated from parent(s)? If yes, how long has the separation difficulty existed? Please explain. \_\_\_\_\_

---

---

---

How do you handle separation issues? Please explain. \_\_\_\_\_

---

---

---

What have you found to be successful in handling separation issues? \_\_\_\_\_

---

---

Have there been any recent changes in your child's life? Please explain. \_\_\_\_\_

---

---

Child's Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

**STICKNEY TOWNSHIP YOUTH COMMISSION**  
**SEPARATION STRATEGIES FOR PARENTS**  
**(KIDDIE PLAY TYME)**

It is not unusual for a young child to experience difficulty separating from his/her parents when entering an unfamiliar environment. Separation anxiety is a normal developmental stage in which children may experience anxiety when they are separated from the primary caregiver. When feeling anxious about separation, young children may exhibit various behaviors including crying or whining, clinginess, shyness, silence, and unwillingness to interact with others. Changes in the environment and situations such as moving to a new home, a change in caregiver, or even the birth of a new sibling can trigger or exacerbate separation anxiety.

We want your child to have a positive experience with Stickney Township Youth Commission programs and therefore encourage you to help prepare your child for separation from you prior to the start of the program.

Below please find a list of strategies to assist you with preparing your child for absences as well as strengthening confidence and security about your return:

- Practice separation for brief periods and short distances. Praise your child for managing well.
- Plan and talk about enjoyable activities in advance as this can help your child prepare to be away and anticipate positive outcomes. Talk about the Summer Fun program to your preschooler and the fun things your child will get to do at the program (projects, music, games, etc.).
- Read stories, role-play, and remind your child of times when he/she did something independently. (There are a number of books that incorporate the theme of separation anxiety such as *The Kissing Hand* by Audrey Penn and *I Love You All Day Long* by Francesca Rusackas).
- Develop a “goodbye” ritual that is relatively quick and stick to it (such as a special kiss/hug or silly exchange of words like “See you later alligator, after while crocodile”).
- Tell your child when you go that you are leaving and that you will return, then go. Don’t stall or repeat goodbyes as this will just make your child more anxious and clingy.
- Listen to your child’s feelings. Let your child know that you understand his/her feelings and reassure your child that you’ll return.
- Keep a calm, positive attitude. Your child is sensitive to your moods and will pick up on any tension in your voice or gestures. Don’t give in to your child’s tears as they are a ploy to get you to stay.
- Honor time commitments to your child. Be attentive to picking up your child at the specified time. This can assist your child with building trust and security in preparation for a successful separation process.

## STICKNEY TOWNSHIP YOUTH COMMISSION

### **SEPARATION POLICY (KIDDIE PLAY TYME)**

The Stickney Township Youth Commission understands that one of the most common challenges for most young children is saying *goodbye* to their parents, also known as difficulty separating. We emphasize the importance of parents utilizing the techniques provided to you on the "*Separation Strategies for Parents*" form provided to all parents upon enrollment.

During the first week of the program, if a child is experiencing difficulty with the parent's leaving, staff will assist the child with separation while encouraging independence.

The parent shall develop a relatively quick goodbye ritual after which staff will escort the child into the room. Staff will then work to calm the child and re-direct that child to another activity while providing reassurance that the parent will return.

We are aware that some children may experience greater difficulty with separation than others and may need longer to adjust to our program. Please be patient and work with staff to assist with providing a positive experience for your child. Our staff, based upon need, will assist with the child's transition to our program and inform the parent of separation issues as they arise. Parents and staff shall be consistent in their approach to dealing with separation anxiety while providing a sense of warmth and caring while encouraging independence.

As time passes by and the child learns to feel safe in a new environment and secure that the parent will return after an absence, the anxiety over separation should decrease or fade.

# **IMPORTANT PRESCHOOL NOTICE**

## **CHILDREN MUST WEAR GYM SHOES AND SOCKS TO SCHOOL**

In order to maintain a safe environment, children enrolled in the Kiddie Play Tyme Preschool Program **must** wear **gym shoes and socks** in order to be admitted into the classroom. **Children presenting for class wearing footwear other than gym shoes will be sent home and will not be able to return to class until they are wearing gym shoes.** Shoes with soft soles that are not gym shoes are not a substitute for gym shoes and are therefore not acceptable to wear in the classroom. Please refer to the gym shoe policy signed upon enrollment for further clarification.

\*\*\*\*\*

## **CHILDREN MUST WEAR WEATHER APPROPRIATE CLOTHING**

**Please be sure to dress your child in weather appropriate clothing.** As the cooler weather is approaching children should be wearing coats, hats, gloves, scarves, etc. **The children play outdoors daily unless the weather is inclement therefore it is important that your child be dressed for all weather conditions.** We value your child's safety and don't want to see children getting sick due to lack of protection from the elements of the weather.

\*\*\*\*\*

## **BOOT POLICY**

Regardless of the weather, **boots are not allowed to be worn in the classroom** during class time. If your child is wearing boots upon entering the classroom, **you must bring a pair of gym shoes to change your child into before class starts.** **(Children presenting for class wearing boots will be sent home and may not return to class until wearing gym shoes).** Boots should be changed in the lobby prior to entering the classroom. The boots can then be placed in your child's locker and taken home at the end of class. After class has been dismissed you may change your child back into his/her boots in the lobby.

Wet and snowy boots present a hazard in the classroom as the children can slip on the wet floor. Also, the children use the classroom carpet daily and won't be able to do so once wet boots have been all over the carpet.

We hope you understand that we are thinking of your child's safety first so please allow some extra time at drop-off and pick-up to change your child's boots if your child will be wearing boots to and from school.

**PLEASE PROVIDE THIS INFORMATION TO THOSE TRANSPORTING YOUR CHILD TO AND FROM SCHOOL.**

**THANK YOU FOR YOUR COOPERATION WITH THESE SAFETY ISSUES**

PATIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Print)

### Tuberculosis (TB) Risk Assessment

Persons with any of the following are potential candidates for Mantoux tuberculin skin test screening, unless a previous positive test has been *documented*.

1. Do you have any of these symptoms?  
Coughing up blood? \_\_\_\_\_ Unexplained weight loss? \_\_\_\_\_  
Cough lasting longer than 3 weeks? \_\_\_\_\_ Fever lasting longer than 3 weeks? \_\_\_\_\_  
Night sweats? \_\_\_\_\_ yes \_\_\_\_\_ no
  
2. Have you ever been told you have TB? or a positive skin test? \_\_\_\_\_ yes \_\_\_\_\_ no  
  
If yes, have you been treated?  
What was the length of your treatment? \_\_\_\_\_
  
3. Have you had contact with someone who had TB? \_\_\_\_\_ yes \_\_\_\_\_ no
  
4. Were you born or have you lived in a foreign country? \_\_\_\_\_ yes \_\_\_\_\_ no  
What country? \_\_\_\_\_  
(High risk: Asia, Africa, Central or South America, Eastern Europe)
  
5. Do you travel extensively to foreign countries? \_\_\_\_\_ yes \_\_\_\_\_ no  
What country? \_\_\_\_\_
  
6. Have you been told you have any of the following conditions?  
Diabetes or blood sugar problems \_\_\_\_\_ Hemophilia \_\_\_\_\_  
Kidney failure (or on dialysis) \_\_\_\_\_ Silicosis \_\_\_\_\_  
Leukemia, lymphoma or cancer \_\_\_\_\_ Malabsorption syndrome \_\_\_\_\_  
HIV Infection \_\_\_\_\_ yes \_\_\_\_\_ no
  
7. Have you been a resident /employee of a high risk setting within the last 12  
Months? (long term care facility, homeless shelter, jail) \_\_\_\_\_ yes \_\_\_\_\_ no

\*BCG Vaccination is NOT a contraindication for TB skin testing. Disregard BCG history when interpreting Mantoux results.

\*\*Decision to skin test should be based on individual's risk factors and local epidemiology.

I have read all the information on this form and represent that such information is true and complete to the best of my knowledge and belief. I understand that such information may be used in order to make decisions as to the type of medical care to be provided, and that failure to disclose information or disclose correct information may have an adverse effect upon medical decisions.

\_\_\_\_\_  
Signature of Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

R.N. Reviewed \_\_\_\_\_

**STICKNEY TOWNSHIP YOUTH COMMISSION**

**KIDDIE PLAY TYME PAYMENT POLICY  
(2018-2019 SCHOOL YEAR)**

**PAYMENT POLICY**

Full payment is due at the time of registration.

Parents who present with a valid DHS issued medical card indicating medical coverage for the parent (not just the child) will pay one half the cost of each session.

**NO REFUNDS WILL BE GRANTED AFTER THE FOLLOWING DATES:**

- AUGUST 21, 2018 FOR SESSION 1**
- OCTOBER 15, 2018 FOR SESSION 2**
- DECEMBER 24, 2018 FOR SESSION 3**
- FEBRUARY 18, 2019 FOR SESSION 4**

**IN ADDITION, NO REFUNDS WILL BE ISSUED ONCE PROGRAM BEGINS (REGARDLESS OF WHETHER OR NOT YOUR CHILD HAS PHYSICALLY ATTENDED THE PROGRAM).**

**REQUIRED DOCUMENTATION**

- \_\_\_\_\_ 3 proofs of residency in Stickney Township, including photo ID of parent registering
- \_\_\_\_\_ Child's birth certificate
- \_\_\_\_\_ Copy of child's immunization record containing up-to-date immunizations
- \_\_\_\_\_ DHS issued medical card (if applicable)
- \_\_\_\_\_ Payment Received

\*\*\*\*\*

I am aware that full payment is due at the time of registration and that refunds will not be granted after the dates listed above. I am also aware that no refunds will be issued once the program begins regardless of whether or not my child has physically attended the program.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature