



Registration Reminders

1. Registration Fee of \$85 (\$125 for 2+ children in one family) is due at time of registration.
Make checks payable to St. John's Christian Preschool
Monthly fees for the 2017-2018 school year:
M-F (5 day) \$225/month
MWF \$145/month
T/TH \$115/month
2. Please fill out all forms completely.
3. Make sure you **check the box marked MFD** (Mokena Fire Department) on the Emergency Procedure Information form for emergency use.
4. Indicate **two** preferred choice of classes on the top right hand corner of the registration form.
**If your class choice has been filled, waiting lists are available.
5. Health Form Information:
 - Complete form not more than 6 months before school starts
 - T.B. test must not be done more than 6 months before school starts
 - Immunizations and health history must be filled in completely by the parents
 - If your doctor does not agree to an immunization or test, he must notate, sign, date, and attach the documentation to the health form
 - HIB and lead screening mandated and up to date
 - Must be signed by the doctor and properly dated
 - Health form is due by the first day of school
 - Health form is good for two years
6. You must show us an original birth certificate and we will make a copy for your child's personal folder.



Student Registration Information

Preferred Session 1st choice _____ 2nd choice _____

Child's Full Name _____

Date of Birth _____ Sex: M F

Name of Mother or Guardian _____

Address (with town & zip code) _____

Home Phone _____ Cell Phone _____

Email Address _____

Occupation _____ Work Phone _____

Work Hours _____

Name of Father or Guardian _____

Address (with town & zip code) _____

Home Phone _____ Cell Phone _____

Email Address _____

Occupation _____ Work Phone _____

Work Hours _____

Marital Status: Married Divorced Separated Widowed Single

Church Affiliation _____

Person(s) to contact in case of an emergency and also authorized to pick up my child:

1. _____ Phone _____ Address _____

2. _____ Phone _____ Address _____

Additional person(s) authorized to pick up my child:

1. _____ Phone _____ Address _____

2. _____ Phone _____ Address _____

3. _____ Phone _____ Address _____

Health Concerns (food allergies, illnesses, etc) _____

St. John's Christian Preschool has by permission to take _____ on all field trips and school outings. Parents will be notified ahead of time about all upcoming field trips and will be given opportunity (depending on space) to accompany the class on these field trips.

Parent/guardian signature

Date

Return this form with the non-refundable registration fee (\$85/child or \$125/2+ children per family) to St. John's Preschool 11100 Second Street, Mokena 60448. Make checks payable to St. John's Christian Preschool.



Emergency Procedure Information

Child's Name _____
Home Address _____ Phone _____

In case of an emergency, illness or accident to the child named above, the school is authorized to proceed as indicated below. Please complete all items and **number each item** 1, 2, 3, etc. to indicate order of calls made.

_____ Contact parent at home address and phone number above

_____ Contact father at work

Father's Name _____ Work Phone _____
Work Address _____ Cell Phone _____

_____ Contact mother at work

Mother's Name _____ Work Phone _____
Work Address _____ Cell Phone _____

_____ Contact family physician

Physician's Name _____ Office Phone _____
Address _____

_____ Take child to any licensed physician

_____ Take child to emergency hospital

_____ Other desired contact procedures (grandparent, neighbor, babysitter, etc.)

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

MOKENA FIRE DEPARTMENT PROCEDURE

School policy will be to call the MFD paramedics in the event of serious accident, injury or illness. **Please check the box** to indicate your acceptance and approval of this procedure.

I accept and approve the above procedure.

Parent/guardian signature

Date



Guidance & Discipline Policy

St. John's Christian Preschool staff strives to help the children realize their greatest possibilities. We try to use our activities in the preschool setting to:

- Provide each child with a Christian understanding of the world around him/her
- Develop his/her social skills
- Improve his/her self-concept

The health and welfare of children are a top priority; therefore, the following behaviors are not acceptable in the classroom setting:

- Running in the classroom or hallways
- Throwing toys or other objects
- Spitting, hitting, kicking, scratching and biting others
- Swearing or disrespectful language to peers and adults
- Purposefully taking or damaging property of others or the school
- Purposefully pushing, tripping, or other aggressive, harmful acts towards others

Discipline techniques used by our staff include:

- Reinforcement for positive behavior
- Modeling good behavior
- Redirection to a more acceptable behavior
- Setting clear limits
- Offering choices (explaining consequences of actions)
- Acknowledging good behavior/ignoring negative behavior (when possible)
- Time outs (1 minute per each year of the child's age)
- Helping a child resolve conflict with his peer

If a child persists in being defiant, disruptive or continually displays any of the above behavior after all avenues of positive action have been explored, then he/she will be removed from the group. A parent conference will be requested by the lead teacher and/or director with the possibility of the child's dismissal for the day or possibly the school year if there is no apparent improvement in behavior.

I _____ agree with the above policies. _____
Parent/guardian signature Date

I _____ agree with the above policies. _____
Staff signature Date



Consent and Release Form

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First Aid

In case of minor injury, teachers may wash/clean wounds, apply a bandage and/or ice to bumps and bruises. Parents will be called for more serious injuries or procedures. The emergency information sheet will be followed. Temperatures may be taken with a “fever strip” on the forehead only. Aspirin or other medications will *not* be administered by the teachers. Parents will be notified immediately if a child shows signs of illness.

I _____ agree with the above policies. _____
Parent/guardian signature Date

Spiritual Teaching

St. John's Preschool's goals for each child are:

- To become aware of the universe as God's creation
- To recognize right from wrong
- To become aware of the Bible as God's Holy Word and our pattern to live by
- To take responsibility for our actions along with the consequences

In order to accomplish the above goals, we teach Bible stories, songs, poems, and how to pray. We believe our greatest goal is to provide the child with Christian understanding so he/she may develop Christian ethics and responsibility to live by in our world.

I _____ agree with the above policies. _____
Parent/guardian signature Date

Release Consent

St John's policy of daily release:

- If someone other than the parent picks up a preschooler, they must appear on the authorized list on the registration form and sign out that child on a daily log.
- Parents are required to sign out their children on a daily basis on the class log.

I _____ agree with the above policies. _____
Parent/guardian signature Date



Consent and Release Form

(pg. 2)

Trips, Excursions and Village Park Facilities

I authorize St. John's Christian Preschool staff to take my child on walking trips, special excursions and to nearby park facilities. I also authorize the child to ride as a passenger in a school bus for distant excursions. I understand all such trips are under the supervision of the above named school and that health and safety precautions are taken in compliance with DCFS standards for licensure. Parents will be advised in advance of any walking or bus field trips.

Parent/guardian signature

Date

Photography Release

During the school year, we will take photos of children during the school day while they are involved in classroom activities. They will be shown as part of our spring programs. Occasionally photos will be used on in-center bulletin boards, school albums, in gift form to parents, on the preschool website, or for advertising the preschool. On occasion the local newspaper may photograph preschool activities for newspaper release.

I do give my consent

I do NOT give my consent to any photography or news release

Parent/guardian signature

Date

Research Consent

I consent to students visiting the classroom to do student teaching, community service, research, class assignments, etc. We only allow people who are familiar to us to participate in this activity. Parents of future enrolling preschoolers may also be allowed to visit and observe class activities. No individual child's name or personal information will be released.

Parent/guardian signature

Date



Late Pick-Up Policy

- Parents/guardians will be charged **\$5 for the first 15 minutes** if they are consistently late to pick up their child past the scheduled pick up time. After the 15 minutes, the parents/guardians will be charged \$5 for every 5 minutes until the child is picked up.
- If there is no communication with the parents or authorized pick-up person in the first 15 minutes, the preschool staff will attempt to call the parents/guardians or authorized pick-up person 3 times in the next 15 minutes. After 30 minutes, the preschool staff will begin calling each of the names provided on the Emergency Contact list. If no contact has yet been made after one hour, the preschool staff will supervise the child in our facility while continuing to call the authorized phone contacts provided by the parents/guardians. If there is no contact after two hours, the preschool staff will contact the Mokena Police Department.
- It is important for parents/guardians to keep the Emergency Contact List up-to-date and to keep the preschool phone number available for reference.
- The preschool staff is responsible for the protection and well-being of the child until the parent/guardian, authorized pick-up person, or the police have picked up the child.
- The preschool staff understands that the child is not responsible for the situation. Therefore, any conversations related to the situation will only be discussed with the parent/guardian, never the child.

Parent/guardian signature

Date



Child's Personal Information

Child's Name _____

Nickname _____

Household Members (parents, brothers, sisters, grandparents, etc.)

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

Pets _____

Favorite Toys _____

Favorite Activities _____

Special Interests _____

Health

Allergies _____

Has your child been stung by a bee/wasp/hornet? _____

If yes, did he/she have a reaction? _____

Regular Medications _____

For what? _____

Health problem/special needs? _____

Does your child have any speech difficulties? _____

Do you have any concerns about your child? _____

What other information would help us to know your child better? _____

What do you want your child to learn at preschool? _____



State of Illinois Certificate of Child Health Examination

Student's Name				Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle		Month/Day/Year			
Address				Parent/Guardian		Telephone # Home	
Street	City	Zip Code				Work	

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenzae type b																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps. Rubella																		
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																		
Hepatitis A																		
HPV																		
Influenza																		
Other: Specify Immunization Administered/Dates																		

Comments:

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
 *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
 Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title
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3. Laboratory Evidence of Immunity (check one) Measles* Mumps Rubella Varicella Attach copy of lab result.**
 *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
 **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
 Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

