



## STUDENT RECORD CHECKLIST

### Forms required before student attends school:

- Application/Record of Child Information (CFS 428)
- Child's Profile Sheet
- Verification of Receipt of DCFS Summary of Licensing Standards (CFS 581)
- Consents & Emergency Care Form
- Diet Selection & Allergy Information Form
- Dismissal Policy
- Verification of Receipt of Parent's Handbook & Guidance/Discipline Policy
- Certified Birth Certificate
- Certificate of Health Exam
- Dental Exam
- Contract

### Documents Distributed to Families to Read

- DCFS Summary of Licensing Standards
- WLC Parent Handbook
- WLC School Calendar
- WLC Values & Mission

**APPLICATION/RECORD OF CHILD INFORMATION**

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Date Child Received \_\_\_\_\_ Date Child Left \_\_\_\_\_

**PARENT OR OTHER PERSONS(S) PLACING THE CHILD**

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

Relation to child \_\_\_\_\_ Relation to child \_\_\_\_\_

Home address \_\_\_\_\_ Home address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Place of employment \_\_\_\_\_ Place of employment \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Working hours \_\_\_\_\_ Working hours \_\_\_\_\_

**OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Hospital or Clinic \_\_\_\_\_

**PROGRAM**

Days per week \_\_\_\_\_ Hours of care \_\_\_\_\_

Program Desired:    Newborn/Infant.    Toddler    Two's    Preschool 3&4

Haft Day                      Full Day

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Our goal is to provide your child with excellent education and care. We have a few questions that will help us be better prepared to meet your child's individual needs. Please indicate if your child receives any of the following supports:

◆ \_\_\_\_\_ ◆ Other: \_\_\_\_\_

Would you like your child's therapists to deliver services at the center?

Is there anything else we need to know about your child to ensure he or she can be well supported by our staff?

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

If the child has any of the following, please explain:

Medical problems \_\_\_\_\_

Restrictions for play—outdoors \_\_\_\_\_

Restrictions for play—indoors \_\_\_\_\_

Fears \_\_\_\_\_

Does the child take a nap? \_\_\_\_\_ Time \_\_\_\_\_ Length \_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_

Does the child have special names for objects? (potty, cookies, drinks, etc.) \_\_\_\_\_

Does the child regularly take medication? \_\_\_\_\_ If so, what kind and directions \_\_\_\_\_

If the child is an infant, what are the feeding instructions? \_\_\_\_\_

Time \_\_\_\_\_ Amount \_\_\_\_\_ Temperature \_\_\_\_\_

Diaper changes: Powder \_\_\_\_\_ Ointment \_\_\_\_\_

Who recommended Wunderkind to you, or what was your source of information? \_\_\_\_\_

Comments:

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

**ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY**

CFS 581  
Rev. 12/2000

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.**

WUNDERKIND LEARNING CO.  
**CHILD PROFILE SHEET**

**Child's Full Name** (First, Middle, Last) \_\_\_\_\_ **DOB** \_\_\_\_\_

**Name we should call your child/teach your child to write and recognize:**

\_\_\_\_\_

**Child lives with:** \_\_\_\_\_

**Siblings' Names and Ages:** \_\_\_\_\_

**Family Pets:** \_\_\_\_\_

**Home Language Survey**

**A.** What language do family members use when speaking to the child in the home?

	Only English	Mostly English but sometimes Spanish	Both equally	Mostly Spanish but some English	Only Spanish (Not English)
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**B.** What language does the child use when speaking to family members in the home?

N/A	Only English	Mostly English but sometimes Spanish	Both equally	Mostly Spanish but some English	Only Spanish (Not English)
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**C.** Is a language other than English or Spanish spoken in your home: \_\_\_\_ What language? \_\_\_\_\_

Are there any habits or personality traits we should be aware of? \_\_\_\_\_

\_\_\_\_\_

—

\_\_\_\_\_

— Previous group experience:

\_\_\_\_\_

Briefly, please explain the primary goals you would like for your child to accomplish while attending Wunderkind this school year. \_\_\_\_\_

—

\_\_\_\_\_

\_\_\_\_\_

What activities do you enjoy as a family? \_\_\_\_\_

\_\_\_\_\_

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

WUNDERKIND LEARNING CO.  
**CONSENT & EMERGENCY CARE FORM**

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_  
Birthdate \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent/Guardian Information**

Please print all information. These parties are authorized to pick up child unless court order is on file.

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Work Hours \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Work Hours \_\_\_\_\_  
Address \_\_\_\_\_

**Consents**

- Yes No In case of sickness or accident, I hereby give consent to the Wunderkind Learning Co. to provide emergency care through a clinic, a hospital, or a private doctor for my child.
- Yes No In case of minor accidents, I hereby give consent to the staff of the Wunderkind Learning Co. to provide care using basic First Aid techniques.
- Yes No I hereby give consent to the Wunderkind Learning Co. to take my child on walking trips in the neighborhood. This includes trips to Normandy Park for recreational purposes.
- Yes No I hereby give consent for my child to attend ALL field trips. Two's Pre-K and Elementary age children will be transported by bus. (Infant & Toddler children will not take field trips.)
- Yes No I hereby give consent to the Wunderkind Learning Co. to publish my child's name, our names, address, email, and/or phone number in a school directory to be distributed to other families in the school.
- Yes No I hereby give my permission for my child to be photographed/filmed for use in WLC publications, including but not limited to, publications via websites or other technological publications, videos, newspapers, or television.

**Emergency Contact and Pick Up List**

Please list a maximum of 3 other contacts (other than parent/guardians) and indicate your permissions level for emergency contact and pick up. Parent(s)/guardian(s) will always be contacted first in the event of an emergency.

Name _____	Name _____	Name _____
Relationship _____	Relationship _____	Relationship _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Home Phone _____	Home Phone _____	Home Phone _____
Contact in Emergency? Pick up Student at School?	Contact in Emergency? Pick up Student at School?	Contact in Emergency? Pick up Student at School?

The people named here are authorized to pick up my child. I will notify the center on days when an authorized "Emergency Contact" will pick up my child.

**I hereby certify that all of the information furnished above is true and correct.**

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

WUNDERKIND LEARNING CO.  
**Diet Selection and Allergy/Medical Information**

Student Name \_\_\_\_\_ BOB \_\_\_\_\_

**Part I. ALLERGIES.**

Please check *ONLY* the boxes which apply.

- My child has NO known allergies (Skip to Part II)
- My child has allergies (Please indicate all allergies and severity of allergy below)

To these foods: \_\_\_\_\_

To these medications: \_\_\_\_\_

To these environmental factors: \_\_\_\_\_

**My child has an Epi-Pen for allergy(ies) to:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other additional information that we should know about your child's allergies below:

\_\_\_\_\_

**Part II. OTHER MEDICAL CONCERNS.**

Please check *ONLY* the boxes which apply.

- My child has NO known medical conditions of concern (Skip to Part III)
- My child has one of the following medical conditions:
  - Asthma
  - Seizures
  - Other (please describe in detail): \_\_\_\_\_

\_\_\_\_\_

**Part III. DIET SELECTION.**

Check one box to select the diet which *BEST* meets your child's cultural, religious, and dietary needs. Please note that we do **NOT** serve pork or seafood in any diet.

- |                          |                             |  |
|--------------------------|-----------------------------|--|
| <input type="checkbox"/> | <b>Regular diet</b>         | Includes meat, dairy, eggs, fresh fruit and vegetables, and whole grains/legumes.  |
| <input type="checkbox"/> | <b>White meat only diet</b> | No beef. Only poultry (chicken, turkey, etc.) meats, dairy, eggs, fresh fruit and vegetables, and whole grains/legumes.        |
| <input type="checkbox"/> | <b>Vegetarian diet</b>      | No meat. Includes dairy, eggs, fresh fruit and vegetables, and whole grains/legumes; meat substitutes are sometimes used.      |
| <input type="checkbox"/> | <b>Vegan diet</b>           | No animal products. Includes fresh fruit and vegetables, and whole grains/legumes; meat/dairy substitutes are sometimes used.  |
| <input type="checkbox"/> | <b>Dairy Free</b>           | No dairy (lactose containing) products. Includes meat, eggs, fresh fruit and vegetables, and whole grains/legumes.             |
| <input type="checkbox"/> | <b>Gluten Free</b>          | No products that contain gluten. Includes meat, dairy, eggs, fresh fruit and vegetables, and gluten-free whole grains/legumes. |

Any other additional information we should know about your child's diet needs:

Parent/Guardian Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

WUNDERKIND LEARNING CO.

**School Dismissal Policy**

**PROCEDURE FOR DETERMINING WHETHER A CHILD SHOULD REMAIN AT WUNDERKIND LEARNING CO.**

**I. Summary of Possible Problems**

Problems that could lead to dismissal of a child should be recognized as varied and could include such things as: health problems, disciplinary problems, failure to make progress, i.e. learning disabilities, etc., failure of the parents to work with the school in promoting the educational and emotional well-being of the child. These problems do not include those adjustment and developmental problems that fit within reasonable bounds.

This procedure is to deal with problems that would be considered "severe" and unable to be solved within the normal classroom routine.

**II. Steps Toward Resolution**

- 1)The Director/Directress notifies the Head of School of the existence of the problem in writing. The notice is dated and placed in the child's file. Children's files, it should be noted, are open to the parent(s)/guardian(s) of that child at any time but are closed and confidential to all other persons. Written parental/guardian permission must be obtained before information in a child's file may be copied or passed on to anyone outside of the staff of Wunderkind Learning Co.
- 2)Concurrently with the above #1, the Director/Directress arranges a conference with the parent(s)/guardian(s) involved to discuss the problem and to seek means of solving it. Parent(s)/Guardian(s) must be made aware of this dismissal policy at this time. A record of the meeting and any resolutions should be prepared by the Director/Directress and submitted to the Head of School to read and place in the child's file.
- 3)The Director/Directress shall call another meeting after a reasonable period if no progress has been made. This meeting is to include the Head of School, the Director/Directress, and the parent(s)/guardian(s). The Director/Directress and the Head of School shall recommend new steps to be taken, such as Director/Directress-specified parent/guardian involvement other than has been attempted before, consultation with professional counselors and/or disabilities screening, a complete physical examination, etc.

**III. Action**

- 1)In cases where The Director/Directress and the Head of School have recommended further steps in resolution of the problem, the Director/Directress will report back within a reasonable period of time either with a report of satisfactory progress or with a recommendation for dismissal.
- 2)In cases where The Director/Directress and the Head of School will write a letter to the parents notifying them of the decision and giving the date for termination of attendance. The Director/Directress will also include a bill for the child's attendance up to the date of termination with partial months pro-rated and rebates are given where appropriate. Both communications are to be signed.

**Parent Guardian Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

After reading the Parent Handbook, please sign.

We, the parent(s)/guardians of \_\_\_\_\_ have read and understand the contents of the Parent Handbook.

We agree to follow the policies outlined in Parent Handbook.

We understand that the school reserves the right to amend policies and procedures when necessary and that we will abide by changes. Any changes made to the Handbook will be distributed by the school.

You are required to read the handbook in its entirety. By initialing next to each of the bulleted points below, you signify that you have specifically paid close attention to the following sections of the Parent Handbook that are of particular importance.

Illness Policy \_\_\_\_\_ (Initial)

Late Pick-Up Policy \_\_\_\_\_ (Initial)

Tuition Agreement \_\_\_\_\_ (Initial)

Guidance/ Discipline Policy \_\_\_\_\_ (Initial)

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

**Please Note: It is required that both/all parents sign this form.**

WUNDERKIND LEARNING CO.  
**CONTRACT**

1. Payments can be made by ZELLE (admin@wunderkindlearning.com), Brightwheel instructions will be sent once registered or in cash.
  
2. Please mark the days of the week you will need childcare.  
 Monday  
 Tuesday  
 Wednesday  
 Thursday  
 Friday
  
3. **Option 1:** Full Day  
**Option 2:** Half Day
  
4. I/We will need childcare for our child normally beginning at \_\_\_\_\_ o'clock and ending at \_\_\_\_\_ o'clock.

**We close promptly at 5:00 pm.** If late pickups become a regular occurrence, we may be forced to terminate our contract arrangement.

5. Check One...  
 **Option 1:** I/We prefer to pay biweekly (due on the 1st and 15<sup>th</sup> of each month).  
 **Option 2:** I/We prefer to pay monthly (due on the 1st of each month).

**Tuition Agreement:**

1. I/We agree to pay WLC the amount of \$\_\_\_\_\_ on or before the 1st of each month, the whole monthly tuition.
2. I/We acknowledge all WLC program tuitions are based on a twelve-month school year.

**Schedule & Late Pick-up Fee**

A late pick-up fee will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after-hours service, nor will the late fee be applied toward tuition. A late pickup fee will be charged as follows:

- \$1 is applied each time your child is picked up from 5:00 p.m. - 5:05 p.m.
- \$10 is applied each time your child is picked up from 5:06 p.m. to 5:30 p.m.
- \$50 is applied each time your child is picked up after 5:31 p.m. to 6:00 p.m.

Per the Department of Children and Families Services (DCFS) guidelines, children can attend childcare for 10 hours or less daily. Sign-in and out times are analyzed regularly by Wunderkind as well as our licenser.

**Child Not Picked Up** If I fail to pick up my child and/or contact the center, and I or another authorized person cannot be reached within 60 minutes after closing time, center staff may release my child to the custody of child protective services or other local authorities.

**Regular Schedule** Tuition is based on the child's regular schedule. If my child's schedule changes in any way, I will notify the center immediately. Tuition and fees are not pro-rated for illness, holidays, or emergency closures. I agree to pay the full tuition even if my child is absent for one or more days, except for pre-arranged "reservation weeks."

**Absences** I will notify the center by 9:00 am when my child will be absent.

**Vacations/Closures** (\_\_\_\_) (\_\_\_\_)

1. I/We understand there may be school closures when snow, ice, and weather conditions make access dangerous or impossible, we follow CPS for weather-related closures and delays.
2. I/We are aware of WUNDERKIND holidays, professional days, two weeks of paid vacation per year, and late charges. I/we are aware that regular payment rates apply for parent vacations, weeks with holidays, and childcare professional days.

I/we understand that no refund of payment can be given. I/we understand that to enroll my child, a two-week nonrefundable deposit is required.

### Notice of Termination (\_\_\_\_) (\_\_\_\_)

1. I/We agree to give 30 days' written notice if we plan to withdraw our child, and we are legally obligated to pay the full month's tuition. This applies to children enrolled in any program or time of year. It is our responsibility to inform the school in writing and if we do not, we are considered enrolled with tuition due in full each month.
2. I/We agree to a trial period. The **first 30 days of your child's enrollment will be regarded as a trial period**, in which case either party may terminate the contract without notice. Each child responds differently to a new environment, new children/teachers, and moms/dads' absence. However, there are rare times when we must consider the well-being of the group (the other children in our care). If for whatever reason, either party feels our childcare environment may not be the best fit, either party reserves the right to utilize this time period as a trial and terminate the contract without resentment, judgment, or ill will.

### Supplies (\_\_\_\_) (\_\_\_\_)

- A. **DIAPERS/WIPES:** It is the parent's responsibility to provide diapers, wipes, and diaper cream for your child. Each child has his or her own labeled diaper bin.
- B. **SUPPLIES NEEDED AT SCHOOL:** Parents are responsible for supplying the following items: sunscreen, shoes, weather-appropriate clothes, an extra change of clothes, pacifier (if needed). We supply crib/cot sheets and a blanket. If necessary, a comfort object for rest-time, and anything else your child may need. There is a good possibility your child will get dirty throughout the day because of food, paint, markers, dirt, bubbles, etc. So **please dress your child accordingly for play**. We are not responsible for replacing stained or soiled clothing. Furthermore, we suggest that you write your child's name on the tags of their clothing (especially socks and underwear) in order to prevent any clothing mix-ups. As the weather changes throughout the year, so do your child's items needed at school. We greatly appreciate your adherence to this subject, as it helps ours and the children's day run more smoothly to have all of his or her necessary belongings with them at school. This way we can care for your child in the best possible way. (\_\_\_\_) (\_\_\_\_)
- C. **TOYS AND PERSONAL POSSESSIONS: (a)** Please do not bring your child's toys to school except on designated sharing/show and tell days. **(b)** Please do not ask if your child can take the toys home. Wunderkind toys stay at the facility.

### Illness

- D. **EXCLUSION FROM SCHOOL: A child with any of the following illnesses must be completely free of any symptoms before returning to school.** If your child is taking antibiotics for an illness, your child may return to school after the initial 24 hours of beginning antibiotics as long as he or she has a slight to no fever (under 100F under the arm), no longer contagious, and is otherwise feeling well enough to participate in our daily schedule. Signs of illness include the following; unusual lethargy, irritability, persistent crying for no reason, runny nose (more than clear), cough (more than slight), difficulty breathing, diarrhea, vomiting, mouth sores, rashes (note from a doctor stating non-contagious is ok), pink eye, chicken pox, mumps, measles, roseola, hepatitis A, impetigo, lice, ringworm, scabies, strep throat, scarlet fever, tuberculosis, shingles, and any other contagious disease or rash. **Any child with a fever of 100 degrees or above, orally (in the mouth), or axillary (under the arm), may not attend school.** State law requires that we notify parents of children who have been exposed to certain contagious diseases. Please notify us if your child becomes infected, so a note can be posted. Reminder-Bring a doctor's letter after an emergency visit and/or updated medical exam wellness visits. (\_\_\_\_) (\_\_\_\_)

### Medical Acknowledgment

1. **Medication** I will provide written permission for center staff to administer medication with written instructions from me or the child's health care provider, I will complete and sign authorization forms. I will provide the medication in its original container (with the pharmacist's label for prescriptions).
2. **Immunizations** I will provide the center with updated immunization information or an exemption for my child.
3. **Nurse/Health Consultant** Child care centers in some states are required to engage the services of a Nurse/Health Consultant to review health policies and procedures and children's records. I agree my child's records may be reviewed by the nurse/health consultant.

4. **Illness** If center staff notifies me that my child is ill, I will pick up my child as soon as possible and no later than one (1) hour after being contacted. If my child contracts a contagious illness, I understand that my child may return only when he or she is well, as described in the Family Handbook.
5. **Emergencies** In case of an emergency, I understand that center staff will attempt to contact me immediately. I also authorize center staff to:
- Consult the physician or dentist named above.
  - Administer first aid and/or cardiopulmonary resuscitation.
  - Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility.
  - Obtain any emergency medical, surgical or dental treatment deemed necessary by medical authorities.
  - Transport my child to a local emergency shelter in the event of an emergency evacuation of the center.

E. **SCHOOL HOURS AND COMMUNICATION:** Good, open, and regular communication is at the heart of any good childcare teacher and parent team. Please use Brightwheel to communicate with your teacher and/or call or text the main office number in case of an emergency. (\_\_\_\_) (\_\_\_\_)

By signing this agreement, I/we understand and hereby agree to comply with all the policies and procedures of **WUNDERKIND LEARNING CO.** with regard to fees, health, attendance, and other items specified in the parent-provider contract/enrollment application and the Parent Handbook provided.

This contract will be entered into at the time of enrollment and/or the contract/enrollment application is signed. This contract between the parent and Wunderkind Learning Co. will be considered over on the last day of a 30 Day notice given by either the parent or school or the last day the child attends **WUNDERKIND LEARNING CO.**

**This Agreement will begin on** \_\_\_\_\_

**BOTH PARENTS/CUSTODIANS NEED TO READ AND SIGN.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Wunderkind Director: \_\_\_\_\_ Date \_\_\_\_\_