

Nature's Scholars Enrichment Center, Inc. 4400 Beck Lane, Ringwood, IL 60072  
Phone 815-653-0240 or Fax 815-653-0390

**Admittance Form – (please complete both sides)**

\*\*\*For my child's safety, I agree to inform Nature's Scholars Enrichment Center, Inc. in writing of any changes to the following information. Nature's Scholars Enrichment Center, Inc. assumes no liability if not advised in writing. (initial please)\_\_\_\_\_

Name of Child \_\_\_\_\_  
(last) (first) (middle)

Child's nickname if preferred \_\_\_\_\_  
(name to be taught/used for everyday interactions)

Child's date of birth (month/date/year) \_\_\_\_\_ Sex: ( ) Male ( ) Female

Mother/Guardian Name \_\_\_\_\_  
(last) (first) (middle)

Requested PIN# #   X     X     X     X   \_\_\_\_\_ First four digits are auto assigned.

Home address \_\_\_\_\_  
(street) (City) (state) (zip)

Home phone \_\_\_\_\_ ( ) Cell phone \_\_\_\_\_ ( )  
Please number top 3 contact #'s in order of accessibility, 1 being easiest to reach

Email \_\_\_\_\_

Employer \_\_\_\_\_  
(company name) (city) (state)

Employer's main phone \_\_\_\_\_ ( ) Direct work line \_\_\_\_\_ Ext. \_\_\_\_\_ ( )

Father/Guardian name \_\_\_\_\_  
(last) (first) (middle)

Requested PIN#   X     X     X     X   \_\_\_\_\_ First four digits are auto assigned.

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

Home phone \_\_\_\_\_ ( ) Cell phone \_\_\_\_\_ ( )  
Please number top 3 contact #'s in order of accessibility, 1 being easiest to reach

Email \_\_\_\_\_

Employer \_\_\_\_\_  
(company name) (city) (state)

Employer's main phone \_\_\_\_\_ ( ) Direct work line \_\_\_\_\_ Ext. \_\_\_\_\_ ( )

Marital Status of Parent(s): Married Single Divorced Separated Deceased  
(circle one)

Child lives with: Both parents Mother Father Guardian Other (specify) \_\_\_\_\_  
(circle one)

Special Dietary Release Signature \_\_\_\_\_  
(additional Special Diet Authorization form to be filled out)

Unless stated otherwise it will be presumed that both mother/guardian and father/guardian (listed on front side of form) can pick up the child and/or be contacted in case of an emergency. We also need a minimum of 3 other people authorized to handle these duties if the parents/guardian cannot be reached.

Please list at least 3 people **authorized to pick up** child from center (do not list yourself, within 30 minute drive)

- 1) \_\_\_\_\_  
(name) (address) (daytime phone) (relationship to child)
- 2) \_\_\_\_\_  
(name) (address) (daytime phone) (relationship to child)
- 3) \_\_\_\_\_  
(name) (address) (daytime phone) (relationship to child)

Please list at least 3 people to call in case of an emergency if parents/guardian cannot be reached.

- 1) \_\_\_\_\_  
(name) (address) (daytime phone) (relationship to child)
- 2) \_\_\_\_\_  
(name) (address) (daytime phone) (relationship to child)
- 3) \_\_\_\_\_  
(name) (address) (daytime phone) (relationship to child)

Name(s) of person(s) who may **NOT** take child from center: \_\_\_\_\_

Is the custody/guardianship of your child affected by a court order? YES NO (circle one)

**\*\*If yes, please refer to the *Court Orders* section in the handbook on page 19.\*\***

Siblings' names and ages \_\_\_\_\_

Has your child attended any other preschool, day care, home care? YES NO (circle one)

Name of Provider \_\_\_\_\_ How Long? \_\_\_\_\_

Does your child have any special needs? (allergies, naps, handicaps, special diet, toileting etc.)

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

Is there any additional information that would be helpful in getting acquainted with you or your child/children?

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

\*\*\*\*Note: Signature of legal parent(s)/guardian(s) required for admission. \*\*\*\*

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Office use only \*\*\*

Days Enrolled: **AW M T W R F** Start Date: \_\_\_\_\_ Before After School Care

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Checklist for Enrollment

In order for your child to attend Nature's Scholars Enrichment Center, Inc., the following items must be at the center at least one (1) day prior to the child's first day of attendance. However, returning these items does not ensure your child's enrollment. Availability and start date needs to be confirmation with the director or administrator.

- \_\_\_\_\_ \$50 registration fee
- \_\_\_\_\_ Payment to cover one (1) week of childcare
- \_\_\_\_\_ completed *Admittance Form*
- \_\_\_\_\_ *Checklist for Enrollment*, with signed *Parent Handbook Agreement* statement below
- \_\_\_\_\_ completed *Consent Forms (if needed Pet Release, Transportation Form, Medical Permission Form and Special Diet Authorization)*
- \_\_\_\_\_ Illinois Department of Public Health *Child Health Examination* form-both sides completed, signed by a physician and dated within last six (6) months- (*original form-not copied or faxed*)
- \_\_\_\_\_ Illinois Department of Public Health *Childhood Lead Risk Assessment Questionnaire*-Complete with a signature by a physician.
- \_\_\_\_\_ Copy of child's *Certified Birth Certificate*
- \_\_\_\_\_ Back page of "*Summary of Licensing Standards*" published by DCFS
- \_\_\_\_\_ *Tuffo Rental Agreement Form* & \$25.00 rental fee (sizes 12 Mo. – 5T available only)
- \_\_\_\_\_ *Customer Acknowledgement & Release Form Coronavirus Notice*
- \_\_\_\_\_ *Sick Child Policy Amendment: COVID-19*

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Parent Handbook Agreement

I/we \_\_\_\_\_, the parents(s)/legal guardian(s) of

\_\_\_\_\_, acknowledge that I/we have received a copy of Nature's Scholars Enrichment Center, Inc. Parent Handbook and have been given the opportunity to read the manual and ask questions about and understand the policies contained therein. Furthermore, I/we agree to abide by the policies set forth in the manual.

I/we understand that the policies described in the Parent Handbook are not conditions of enrollment, and the language does not create a contract between Nature's Scholars Enrichment Center, Inc. and the parents. Nature's Scholars Enrichment Center, Inc. reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

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Consent Forms

Medical

I, \_\_\_\_\_ as parent/legal guardian, give my permission for Nature's Scholars Enrichment Center, Inc. to secure medical care for my child \_\_\_\_\_. This may include, but is not limited to, first aid, care by a paramedic, Physician, or hospital. I agree to be responsible for any and all costs of such treatment and/or medication.

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

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First Aid

I, \_\_\_\_\_ as parent/legal guardian, give my permission for Nature's Scholars Enrichment Center, Inc. staff to administer first aid to my child \_\_\_\_\_ in the event of a minor injury while in our care.

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

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Sunscreen, Insect Repellant, Diaper Cream Application

I, \_\_\_\_\_ as parent/legal guardian, give my permission for Nature's Scholars Enrichment Center, Inc. to apply sunscreen, insect repellant, and/or diaper cream to my child \_\_\_\_\_ when supplied.

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

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Photographs

I, \_\_\_\_\_ as parent/legal guardian, give my permission for Nature's Scholars Enrichment Center, Inc. to take photographs of my child \_\_\_\_\_. Other than display of my child's photographs inside the center or on the centers website [www.NaturesScholars.com](http://www.NaturesScholars.com), I will be notified if such photographs will be used for publicity or used outside the center.

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

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Leaving Nature's Scholars Enrichment Center, Inc. Property

I, \_\_\_\_\_ as parent/legal guardian, give my permission for the staff of Nature's Scholars Enrichment Center, Inc. to take my child \_\_\_\_\_ on walks and/or special excursions.

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

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Medical Permission Form

This original form,(not a copy), needs to be on file at Nature's Scholars Enrichment Center, Inc. before staff may dispense any medication to your child; this applies to prescription medication. Over the counter medication needs a handwritten note from the parent, stating that we are allowed to administer the medication to their child.

Physician's Certification and Authorization

I hereby certify that it is **absolutely necessary** that our patient, \_\_\_\_\_, receive the following medication while in attendance at Nature's Scholars Enrichment Center, Inc.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Specify day/dates to be dispensed \_\_\_\_\_  
(i.e. M-01/01/14, T-01/02/14, W-01/03/14)

Specific times to be dispensed \_\_\_\_\_  
(i.e. 8:00am, 12:00 noon, 4:00pm)

Prescribed for (diagnosis) \_\_\_\_\_

Observe for these side effects \_\_\_\_\_

Physicians Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Physicians Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Authorization

My signature on this form authorizes staff of Nature's Scholars Enrichment Center, Inc., to dispense the above medication to my child and releases Nature's Scholars Enrichment Center, Inc. and its employees of liability associated with it. I understand that the medication must be in the original container and labeled with my child's name, the name of the medication, dosage and frequency of administration: the dosage on the medication must be the same as the Physician's authorization above. I also understand it is my responsibility to remove any unused medication from the center. If not picked up within 10 days of last date listed above, the medication will be disposed of.

Parent Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

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Special Diet Authorization Form

I, \_\_\_\_\_ as parent of \_\_\_\_\_ authorize the staff of Nature's Scholars Enrichment Center, Inc. to give my child the food items I have prepared and/or supplied for them. I request that the staff of Nature's Scholar's Enrichment Center, Inc. serve the items in place of what the center is serving for the specified meal(s) and/or times I have listed below. I hereby certify that Nature's Scholars Enrichment Center, Inc. or staff of Nature's Scholars Enrichment Center, Inc. is not held responsible if my child develops a reaction or illness symptoms after consuming what I have prepared or supplied for them. I agree to train the director/administrator and staff member directly involved with my child on any special procedures related to my child's needs.

Print Parent Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

.....  
Please provide a brief description below.

Type of food provided \_\_\_\_\_  
\_\_\_\_\_

Time food should be supplied to my child \_\_\_\_\_  
\_\_\_\_\_

Reason food is substituted \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Pet Release Form

I, \_\_\_\_\_ as parent/legal guardian, give my permission for the staff of Nature's Scholars Enrichment Center, Inc. to let my child \_\_\_\_\_ interact with center pets or other animals used at the center for learning purposes. This may include but not be limited to, handling, feeding & cleaning of animals and their habitat.

All safety precautions and hand washing will be strongly practiced.

Animals/Pets that may be at center include; Rabbits, fish, butterflies or other form of, insects, worm and ant farms, hermit crabs or other pets similar.

Transportation Authorization Form

**STUDENT INFORMATION:**

\_\_\_\_\_  
**Student's Last Name** **Student's First Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City** **State** **Zip**

**AGREEMENT:**

- I understand that District #12 offers busing to and from Johnsburg schools with a pick up and drop off at Nature's Scholars Enrichment Center, Inc., or nearest location. Our Van transports to/from Richmond Elementary School District 2 & from Harrison School District #36.
- I agree to be responsible for transporting my child to and their school if my child misses the bus/van route at Nature's Scholars Enrichment Center, Inc., or nearest location.
- I understand a qualified staff from Nature's Scholars Enrichment Center, Inc. will be walking my child safely to the bus stop/van and staying with my child until the bus arrives or van drops off at location.
- I understand a qualified staff from Nature's Scholars Enrichment Center, Inc. will be at the bus stop/van to help my child get safely off the bus/van and walk him/her inside the center
- I understand that once my child gets safely on the bus he/she is the responsibility of District #12 until he/she is returned to Nature's Scholars Enrichment Center, Inc.
- I agree to be responsible for picking up my child at their school if for any reason he/she gets ill and/or needs to be picked up before the end of the school day.
- I agree to notify Nature's Scholars Enrichment Center, Inc. if my child's daily transportation schedule should change or is absent and will not be going to or returning from their school.
- I agree to be responsible for transporting my child to and from Nature's Scholars Enrichment Center, Inc. if my child displays harmful or continual inappropriate behavior, as seen by the Director, at any time while being transported to and from schools.

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

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

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**CUSTOMER ACKNOWLEDGEMENT & RELEASE FORM  
CORONAVIRUS NOTICE**

I, \_\_\_\_\_ and parent/guardian of \_\_\_\_\_ acknowledge that I have voluntarily entered NSEC for childcare services and acknowledge that by doing so waive and release any claims against NSEC, it's employees, fellow parents/guardians and classmates and hold harmless to any claims, suits, charges, or costs relating to any diagnosis or treatment of COVID-19. That I or a member of my household or workforce (and any guests visiting my household or workplace) receive following the date the services started by NSEC.

I recognize that a national emergency has been declared related to the Coronavirus (COVID-19) pandemic. In response to this emergency, numerous state, and federal public health agencies, including the Centers for Disease Control and Prevention, have promoted "social distancing" from other individuals.

I recognize, acknowledge, and accept the health risks of allowing my child(ren) in NSEC given the current COVID-19 pandemic, and acknowledge the recommendations of state and federal public health agencies, including the Centers for Disease Control and Prevention.

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

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

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



## ***Sick Child Policy Amendment: COVID-19***

The safety and wellbeing of all staff, children, and the families at NSEC continues to be of utmost importance to us. We always commit to taking all precautions toward keeping children and staff safe and healthy, including the current time of the COVID-19 outbreak. The following is an additional sick child policy that will help NSEC do this.

Children will be monitored for signs or symptoms of COVID-19 daily. **Children will be required to stay home or return home if any of the following applies with no exception:**

- Have a fever of 100.4 or higher
- Have had a fever of 100.4 or higher or other potential symptoms of COVID-19, such as shortness of breath or persistent dry cough, within the last 72 hours.
- Have come in contact with others who have COVID-19.

### **To prevent the spread of COVID-19:**

- Children with signs/symptoms of COVID-19 or who have been exposed to others with COVID-19 will be asked to stay home.
- Children who develop signs/symptoms of COVID-19 while at the program will be immediately separated from others and the program staff will contact the family member and/or emergency contact to pick the child up. (restricted to directors' office on cot)
- We encourage families to practice frequent handwashing at home.
- NSEC will practice handwashing upon arrival to the program, before meals and snacks, after outdoor play, after using the bathroom, prior to going home, after nose blowing or assisting a child with blowing their nose, coughing, or sneezing.
- Cover cough and sneezes with tissues, throw tissues in the trash, and clean hands with soap and water or hand sanitizer (if soap and water is not readily available).
- Clean and disinfect frequently touched surfaces at least four times daily, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- Require face coverings for persons over age 2 to the extent practicable, staff either masks or face shields. This will be optional while outdoors.
- Require children and staff to change shoes upon arrival or use shoe covers while indoors.

### **If an enrolled child or employee tests positive for COVID-19:**

- The local public health department and the Department of Children and Family Services will be contacted. NSEC will follow their guidance for next steps.
- The program will post and notify families of any confirmed staff or child cases of COVID-19.
- Payment will be required at 50% tuition for duration of required absence or vacation week can be used as well.

### **Returning to a childcare facility after suspected COVID-19 symptoms:**

If a staff member or child has symptoms of COVID-19 or is in close contact of someone with COVID-19, they can return to the childcare facility if the following conditions are met:

- If an individual has a fever, cough or shortness of breath and has not been around anyone who has been diagnosed with COVID-19, they can return to the center no sooner than 72 hours after the fever is gone (without the use of fever-reducing medication) and symptoms get better. If the person's symptoms worsen, they should contact their healthcare provider to determine if they should be tested for COVID-19.
- Any child suspected of having COVID-19, diagnosed with COVID-19, or having been in contact with persons suspected of or diagnosed with COVID-19 shall be excluded from the facility until written documentation is provided by the child's physician that the child is no longer communicable and may return to childcare.

I, (family member name) \_\_\_\_\_, parent/guardian of,

\_\_\_\_\_, have read and agree to the above sick child policy amendment.

Family member signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Explore

We believe our environment should provide open ended experiences that support exploration.

## Growth

We believe that all educators should continue their pursuit of knowledge of research training and discussions with peers.

## Belong

We aspire to provide an inclusive environment that creates a sense of belonging through valuing and respecting all cultures, abilities and challenges.

## Vision

To provide a safe, loving, educational environment where children build relationships with their peers, teachers and beyond. To incorporate environmental elements and sustainable practices. To build strong partnerships with families and involvement in the community for the wellbeing and education of the children.

## Connect

We believe our relationships with families and community are paramount and assist with the development of our programming, practices and environment.

## Welcome

We aspire to provide a welcoming environment that is creative, imaginative, Inspiring and challenging.

## Trust

We believe that our relationships with the children, staff and families are based on mutual trust and respect.