



Office Use Only
Payment Received:
Amount: \$ _____
Check #: _____
Cash: \$ _____
Date: _____
Initials: _____

Together We Learn Registration Form

School Year: _____

Student's Full Name: _____ Gender: M F

Nickname: _____ Birth date _____ (birth certificate required)

Address, City, State, Zip: _____

(Write "SAME" if address is same as child's)

Mother's Information	Father's Information
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Employer	Employer
Employer phone	Employer phone
Hours of Employment:	Hours of Employment:
Email:	Email:

Scheduled days and hours of care: _____

Medical Information:

Allergies: _____

Disabilities: _____

Medical Problems: _____

Dietary Restrictions _____



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Emergency Numbers:

Please list two local contacts in case of emergency in the event that both parents cannot be reached or are unavailable.

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Relationship:	Relationship:

Pick Up Authorization:

Please list any individuals (if any) other than the parents and the above emergency contacts that are authorized to sign out the student.

Name:	Name:
Address:	Address:
City/State/Zip	City/State/Zip
Phone:	Phone:
Relationship:	Relationship:

- Any court ordered custody arrangements must be in your child's file at the school.



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Medical Information:

Please list any allergies, medical problems, or physical ailments the student may have:

Special Needs:

Please list any special assistance the student may require:

Emergency Authorization:

Doctor Information	Dentist Information
Name:	Name:
Address:	Address:
City/Zip:	City/Zip
Phone:	Phone:

I understand that I will be notified in case of an emergency. I will make arrangements for medical care with the physician or hospital of my choice. In the event that neither parent can be reached, I authorize Together We Learn, INC. to contact the above named physician or facility.

_____	_____
Parent/Guardian Signature	Date

***Signature also indicates consent for administering prescription medicine and or minor first aid**



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Photo Release

I grant Together We Learn, INC and the news media, the rights to use photographs of my child for promotional or news purposes

Parent/Guardian Signature

Date

I only grant Together We Learn, INC the rights to use photographs of my child within the school for decoration purposes

Parent/Guardian Signature

Date

Trips, Excursions and Public Park Facilities

I authorize Together We Learn, INC staff to take my child on walking trips, special excursions and to nearby public park facilities. I also authorize the child to ride as a passenger in the vehicle owned or leased by the above named organization. I understand all such trips are under the supervision of Together We Learn, INC. and that health and safety precautions will be taken.

Parent/Guardian Signature

Date

This Application must be submitted with a non-refundable annual registration fee of \$125.00 and first month's tuition.

Emergency Medical Plan

I authorize *Together We Learn, Inc.* to contact Emergency Medical Technicians to transport _____ to receive medical care in the event of an emergency.

I am responsible for all costs incurred during medical emergency treatment this includes transportation, if necessary. *Together We Learn, Inc.* is not liable for any sickness or injury of a child or their parents or guardians while they are at our facility and or participating in one of our programs or special events.

I irrevocably release any claims, demands, actions or causes of action against *Together We Learn, Inc.* and its employees.

This authorization and waiver shall remain in effect until the student withdraws from *Together We Learn, Inc.*

_____/_____
Parent/Guardian Signature Date





A parent is a child's first teachersm

Discipline Policy

Together We Learn offers a positive environment and will always provide children with much praise each and every day. Classroom rules will be taught to all children in order to encourage respect for each other, our school and most importantly your child. A proactive discipline approach will be used by rewarding students for good behavior on a daily basis. This may include, stickers, stamps, visit to the treasure chest or simply a pat on the back. At times a reactive discipline approach will be needed. Our steps for our discipline policy include:

- Redirection - redirecting a child from a negative behavior to a positive behavior by guiding them to a new activity
- Positive Reinforcement - acknowledging students for good behavior or for showing effort and improving their behavior
- Thinking chair - If redirection and positive reinforcement do not correct the behavior the student may be asked to sit in the thinking chair for the age appropriate amount of time to think about their choice.
- Behavior Management - A classroom behavior management system will be implemented in the classrooms. See your child's teacher for more details.
 - We will offer an individualized behavior management system as necessary for students as needed.
 - We do not believe in or will ever use corporal punishment (shaking, hitting, biting, pinching, humiliated, frightened, or verbally abused). Children will never be disciplined for sleep habits, toileting accidents, food consumption or lack of participation.

I have read and I have understood the Discipline Policy

Signature

Date



A parent is a child's first teachersm

Late Pick Up Policy

There will be late fee charges for children that are not picked up by their scheduled time. The charge is \$25.00 for the first 15 minutes and an additional \$1.00 per minute thereafter. Management will attempt to reach parents and/or any approved emergency pick-up individuals thirty minutes after designated pick-up time, if no one has been reached and there has been no communication from the parent, management will call the appropriate child welfare authorities. No exceptions.

Together We Learn understands emergencies come up; please have back up plans in place.

Please make sure management is aware of any changes in your emergency contacts

I have read and I understand the **Late Pick Up Policy**

Signature

Date

Pest Management Plan

Together We Learn, Inc. will strive to prevent unnecessary pesticide exposure to children and employees and reduce the need to rely on pesticides when managing pests. It is the policy of our school to only use pesticides when pests have been identified and their presence verified. Selection of treatment options or corrective actions will give priority to least-risk actions whenever possible to provide the desired control of pests. Education of staff, students, employees and parents about pest management will be included to achieve desired objectives. When it is determined that pesticides are needed, only products registered for use in Illinois will be used, and they will be used only in strict accordance with the product label. Further, only individuals properly licensed will use pesticide products. Our policy prohibits the use of any pesticide by unlicensed staff except to control stinging insects that pose imminent threat to human health on school grounds, or disinfectants used for routine cleaning. It will be this schools policy to make the appropriate notification and posting as well as to keep records of all pesticide use and other pest control actions. A copy of this statement will be given to every parent during registration.

_____/_____
Name Date

Signature

**TOGETHER WE LEARN SAFETY DOCUMENT:
ALSO SEE COVID-19 PANDEMIC GUIDELINES**

Together We Learn's first priority is the safety of all of our students. We ask that you take the time to go over this safety information regarding our school to help us keep your children safe. **PLEASE SIGN AND DATE AT THE BOTTOM THAT YOU AGREE TO ADHERE TO OUR SAFETY REGULATIONS.**

1. Please make sure to use your code to enter the building and always be prepared to show proper identification.
2. Upon exiting the building, you will need to simultaneously push the green exit button while pushing the door open. We prefer that the students do not know how to do this and we **strongly discourage** you from letting them push the green button.
3. **DO NOT ever leave a child or children unattended in the car, no matter the age or circumstance.** We do not want to take any chances on your child's safety. We have had a car broken into on our parking lot, so please lock your vehicle and always bring in your valuables, most importantly your children.
4. Please notify us if someone else is picking up your student, even if they are on the pick up list. Let them know that we will **always** check proper identification before the student will be allowed to leave. Parents may also be required to show ID to any teachers who have not previously met you before your child can leave.
5. Please park in the designated areas in front of the school or on the side of the building. **Please do not park in the street or next to the street.** Use caution when pulling in and backing out and keep your child by you at all times. Once again, **DO NOT** ever leave a child in the car, unattended per DCFS. If you ever need assistance please call our school number 659-9540 and we will be happy to come out to the parking lot and help.
6. **TWL is a NUT FREE facility! We have students with severe allergies to peanuts/tree nuts. All snacks and birthday treats will be provided by Together We Learn. Birthday bags must NOT contain any food or treat items. In addition, items brought in for parties such as treat bags and games must not contain any food items. All items will need to be turned in prior to the parties for approval**

Thank you to adhering to our safety policies and keeping our school a safe environment.

_____/_____

Parent Signature

Date

Student's Name

COVID-19 PANDEMIC GUIDELINES

NO ENTRY PERMITTED TO ANYONE WITH SYMPTOMS OF ILLNESS/RESPIRATORY INFECTION/FEVER OR ANY OTHER SYMPTOMS RELATED TO COVID.

ONLY STAFF, STUDENTS, LEGAL GUARDIANS, AUTHORIZED PICK-UP PERSONS, AUTHORIZED REPRESENTATIVES OF THE DEPARTMENT ALLOWED TO ENTER

NO ENTRY PAST OUR FOYER OR IN CLASSROOMS WILL BE PERMITTED. A STAFF MEMBER WILL WALK YOUR CHILD TO THEIR CLASSROOM.

PLEASE PROVIDE A FACE MASK FOR YOUR CHILD EACH DAY. FACE MASK MUST BE WORN BY AUTHORIZED PERSON AND STUDENT AT DROP OFF AND PICK UP. CHILDREN WILL BE ENCOURAGED TO WEAR THEIR MASK THROUGHOUT THE DAY (NEVER DURING NAP, MEALS OR OUTSIDE TIME) BUT NEVER PUNISHED OR FORCED TO WEAR ONE.

ONLY ONE AUTHORIZED PERSON AND STUDENT WILL BE ALLOWED IN AT A TIME

CHECK YOUR CHILD'S TEMPERATURE BEFORE LEAVING HOME AND SCREEN FOR SIGNS OF ILLNESS USING OUR COVID-19 DAILY SELF CHECKLIST.

A HEALTH SCREENING WILL BE PERFORMED BY OUR STAFF AT ENTRY/DROPOFF AND TEMPERATURE OF ADULT AND STUDENT WILL BE DOCUMENTED. MASKS MUST BE WORN BY ALL PARTIES.

THERE SHALL BE NO HANDSHAKING OR PHYSICAL CONTACT BETWEEN PARENTS, STAFF, AND OTHER ADULTS

IF EITHER PERSON DROPPING OFF OR STUDENT HAS A TEMPERATURE OF 100.4 F DEGREES OR ABOVE YOU WILL BE EXCLUDED AND NOT PERMITTED ENTRY

OUR STAFF MEMBERS HAVE THE RIGHT TO EXCLUDE ENTRY IF YOU OR YOUR CHILD EXHIBIT ANY SIGNS OF ILLNESS

CHILD'S NAME: _____

PARENT'S NAME: _____

DATE: _____

COVID-19 Daily Self Checklist

Students

Instructions:

- Parents and guardians of all students are required to screen their student according to this checklist **each day** and take the student's temperature before sending a student to school. By sending a student to school, you certify that you and your student have honestly answered NO to all of the Questions below.
- NO to all Questions, the student may attend school that day.
- YES to any of the Questions below, the student must not be sent to school.
- After exhibiting symptoms, students are required to provide a physician's note indicating that they are safe to return to school, *negative covid-19 test and fever free for 72 hours.*
- If a student starts feeling sick during school or experiences the symptoms listed below, the student will be sent home immediately.

Questions	Yes	No
Does the student have a temperature over 100.4F?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student taking fever-reducing medicines, such as those that contain aspirin, ibuprofen or acetaminophen, in order to reduce the student's fever?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student had close contact with someone with COVID-19 within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student returned from travel outside the United States or on cruise ship or river boat within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been directed to self-quarantine by a health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been directed to self-quarantine by the County or State Department of Public Health?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student experiencing any of the following symptoms?		
• Chills	<input type="checkbox"/>	<input type="checkbox"/>
• Cough	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
• Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
• Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
• Headache	<input type="checkbox"/>	<input type="checkbox"/>
• New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
• Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
• Congestion or runny nose	<input type="checkbox"/>	<input type="checkbox"/>
• Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>
• Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>

I hereby acknowledge that I have received a copy of this COVID-19 Daily Self Checklist. I understand that I am required to honestly and accurately complete this checklist for my child each day before sending my child to school.

PARENT/GUARDIAN NAME: _____ DATE: _____

Enhanced Written Communication Plan for Parents/Staff to include if a staff or child in attendance tests positive for COVID – 19.

- Together We Learn, Inc.

Parents/guardians will be notified immediately when any communicable disease has been introduced into our school. This communication will be in accordance with confidentiality and permission requirements in Section 407.80(b).

Together We Learn will notify IDPH, CDC, and local DCFS Licensing office immediately upon being informed of exposure to COVID-19.

All families must immediately notify the center if someone in the house tests positive or if the child has been in close contact with a positive case.

Together We Learn will stay informed about the local COVID-19 situation with reliable, up to date information. We will monitor the CDC COVID-19 and the Illinois Dept of Public Health websites for the latest information. Also, the Governor's Office of Early Childhood Development website for specific information to childcare and early childhood.

All families and staff must provide an updated emergency contact and we will update our emergency contact lists for families, staff, and key resources and ensure they are accessible within our facility, in case of emergency.

We will train staff on how to properly isolate a sick child, procedures to follow, and communication protocol.

Our communication plan will be in place and will include how to properly reach all families, staff, community ensuring all communications are culturally and linguistically appropriate and accessible for all. We will contact families via email, phone calls, face to face.

We will share information about Covid-19 with our staff and our emergency response plans. Staff will be trained and expected to model respiratory etiquette, staying home when sick and supporting employees who need to take care of a sick family member.

We will communicate about Covid-19 with our families. We will provide updates about changes to our policies or operations by face to face, letters, emails and phone calls. Also, through our website and social media. ALL CONFIDENTIALITY WILL BE MAINTAINED FOR STAFF AND CHILDREN.

We will communicate with our students about Covid-19 who may be confused, worried, or have anxiety at home and in childcare. We will help prepare our staff with the tools needed to do this and how to talk to the students about Covid-19. We will also support our parents to talk to their children also. We will use utilize the CDC website on tips for talking to children and recommend it to our families. We will also use social stories as way to communicate with our students and provide our families with this resource.

Together We Learn will intentionally and persistently combat stigma. We will not allow misinformation about Covid-19 to create fear and hostility that can hurt people and make it harder to keep everyone healthy. We will stand together with our community against discrimination and will follow resources provided by the CDC to prevent, interrupt, and respond to stigma.