



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)

Guardian Information	Guardian 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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## Together We Learn Registration Form

### Medical Information:

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

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### Special Needs:

Please list any special assistance the student may require:

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### 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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## Together We Learn Registration Form

### 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 \$175.00 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 teacher<sup>sm</sup>

## 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

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Signature

Date



A parent is a child's first teacher<sup>sm</sup>

### 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**

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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.

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Name

Date

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Signature



## **TOGETHER WE LEARN SAFETY DOCUMENT:**

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.

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

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Student's Name \_\_\_\_\_