



Friday, July 6 2018

Dear Families,

It's that time of year again ---- time to complete registration for the after school program! Following a very busy summer at Northminster we are preparing to get ready for our after school students. We are very excited to provide a great after school program for our children and families.

Enrollment Information

To complete enrollment, go to *northminster.us* and choose the "learning center" link. From that point you may download the enrollment forms and after school handbook. You may also stop by the learning center office and pick up copies if you would like.

Forms to Return:

1. ___ Enrollment Form
2. ___ Handbook Agreement (handbook is found at northminster.us)
3. ___ Guidance Policy
4. ___ Transportation Consent
5. ___ Return signed **copy DCFS Verification of Receipt** (DCFS standards may be found on our website.)
6. ___ Children new to the program will need to include a copy of your child's last physical with immunization records. You are welcome to have your doctor's office fax it to Northminster Learning Center.
7. ___ If you are new to the program, we need a copy of a **certified** birth certificate.
8. ___ \$50 family registration fee (Good from Sept.-Aug.)
9. ___ Electronic Funds Transfer(EFT) Form

Your afterschool enrollment is due to the Northminster Learning Center office by Wednesday, August 1st. When you return your enrollment packet, you should include your registration fee of \$50 per family if you have not already done so. The August and September tuition will be paid in September through EFT.

Calendar

First Day of School beginning Wednesday, August 15th: Regular After Care (3:00-5:30 pm)

After School Care: \$85.00 per week for full-time students
(This includes early release on Wednesdays and about ten holidays)
\$ 20.00 per day for part-time students
\$ 35.00 for holiday camp if you are part-time
\$ 25.00 for half day (SIP days) if you are part-time

Program Updates

During the 2018-19 school year, Dunlap District #323 will be continuing an early release on Wednesday afternoons to make time for professional learning communities. Please be assured that Northminster will be ready to accommodate this schedule.

Currently we bus from Banner and Hickory Grove. We have worked out a contract with the district and have agreed to pay them to bus children here. Northminster has agreed to pay part of this expense along with the parents. The bussing fees are :

\$30 per month for 5 days a week
\$25 per month for 4 days a week
\$20 per month for 3 days a week
\$15 per month for 2 days a week
\$10 per month for 1 day a week
\$10 per month for 3-7 days a month

If you have any questions, please call me at the church. We are looking forward to a great year!!

Sincerely,
Michelle L. Lundquist

Kevin Curtin, Director
Michelle L. Lundquist, Associate Director
Northminster Learning Center
10720 N. Knoxville Avenue
Peoria, IL 61615
309-691-6322 Phone
309-691-6031 Fax
kevinc@northminster.us
michellel@northminster.us

AUTHORIZED PEOPLE THAT MAY PICK UP CHILD

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Is there anyone who is specifically NOT authorized to remove your child from our care?

Name _____ Relationship _____

Signature of parent/guardian _____ **Date** _____

Medical Information

Child's Physician _____ Phone # _____

Primary Insurance & Policy # _____

Preferred Hospital if any _____

Does your child have any special medical needs/concerns? No _____ Yes _____

Is your child on any medications? No _____ Yes _____

Does your child have any food allergies or diet restrictions? No _____ Yes _____

Is your child a vegetarian? No _____ Yes _____

If Yes, what can your child **not** eat? _____

Signature of parent/guardian _____ **Date** _____

EMERGENCY CONTACT, when parent cannot be reached:

Name _____ Phone _____

Address _____ Relationship _____

Signature of parent/guardian _____ **Date** _____

Consent Form

Child's Name _____
Last First Middle

Emergency Medical Care

In case of emergency medical or first aid care, treatment of illness or accident, I hereby consent Northminster Learning Center to provide emergency medical care, through a hospital, clinic, and physician or by Northminster Learning Center staff.

Signature of parent/guardian _____ Date _____
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Permission for Trips and Excursions

I hereby give consent to Northminster Learning Center for my child to participate in special excursions to places of interest, with the understanding that such trips are under supervision of authorized personnel of the program, and that all possible precautions will be taken to insure the health and safety of my child. In the event there is a field trip off the premises, you will have prior notice.

Signature of parent/guardian _____ Date _____
=====

Photographs

Northminster Learning Center has my permission to use my child's likeness in photographs, film, video, NLC's Facebook page, and the internet for publicity purposes, advertising or for display in the church. I understand that my child's likeness or work **will not** be labeled with his/her full name.

Signature of parent/guardian _____ Date _____
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Internet

I hereby give consent to Northminster Learning Center to place my child's art work/projects on the Northminster web site. I understand the child's first name & age may be included.

Signature of parent/guardian _____ Date _____
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Payment of Fees

All fees are due on the 15th of the month when your tuition will be paid through EFT. Your payment will be transferred from your bank account or to your credit card. If funds are not available in your bank account, a \$20 late fee will be assessed. In the event you fail to pay all charges due within 60 days of our written notice and we must enforce our rights to collect unpaid fees, you must pay all charges, including collection agency fees, attorney fees, court costs, court reporter's fees for depositions and at trial, and others expenses we incur in enforcing our rights. **During school year programming, you are responsible for tuition fees even when you choose not to send your child (ex. family vacation, illness etc).**

Signature of parent/guardian _____ Date _____

2018-19 Program Selection Sheet

Curiosity Corner (\$174.00 per month for 2 days/week & \$214 for 3 days/week)

Please Mark: Monday/Tuesday Session Wednesday/Thursday Session

Monday/Tuesday/Friday Session Wednesday/Thursday/Friday Session

Discovery Preschool Please Mark: AM Session PM Session

Age on Sept. 1, 2018: 3-year old preschool student 4-year old preschool student

Days of Attendance:

3 day program Tuesday, Wednesday, Thursday (\$174/month) PM only

4 day program Monday-Thursday (\$214/month)

5 day program Monday-Friday (\$241/month)

Before School Care 7:30-8:30 (Additional \$60/month)

After School Care 3:00- 5:30 p.m. (additional \$262 per month or \$20 per day)

Full Day Discovery Preschool Please mark all that apply.

Regular School schedule 8:00-3:00 (\$580 per month)

Before School Care 7:30 a.m. (additional \$30 per month)

After School Care 3:00- 5:30 p.m. (additional \$262 per month or \$20 per day)

Kindergarten Please mark all that apply.

Regular School schedule 8:00-3:00 (\$580 per month)

Before School Care 7:30 a.m. (additional \$30 per month)

After School Care 3:00- 5:30 p.m. (additional \$262 per month or \$20 per day)

After School Program/Holiday Camp

Full-time (\$85 per week) Part-time (\$20 per day) Days of Attendance: M T W TH F

Holiday Camp only (\$35 per day & \$25 for 1/2 day)

Child's School: Banner Hickory Grove

Grade: K 1st 2nd 3rd 4th 5th

First Week of School Plan: Please mark if your child will attend/begin.

My child will start Wed. Aug. 15th for Regular After Care (3:00-5:30 pm)

Special Start Date _____

Comments:



Guidance Policy

Please read the following policy regarding guidance and discipline. If you agree to the policy, please date and sign the bottom of the form. This form must be included in your child's enrollment forms.

Guidance Procedures

Northminster Learning Center's philosophy in addition to the laws of the state of Illinois prohibits physical punishment. We positively guide children's behavior by creating a supportive environment that:

- Focuses on children's strengths.
- Encourages adults to form positive, authentic relationships with children.
- Makes a commitment to supporting child's play.
- Offers plenty of opportunity for children to make meaningful choices.
- Uses re-direction as a guidance technique.
- At times, ignores inappropriate behavior.
- Has a consistent, yet flexible daily schedule.
- Provides for both active and quiet times.
- Uses positive key phrases to guide children's behavior.
- Offers respectful reminders.
- Acknowledges each child's developmental stage.
- Adopts a problem solving approach to conflict.
- Has age appropriate expectations.
- Allows expression of feelings and emotions.

Due to the fact that these children are very young, we have chosen a few simple rules.

1. Follow safety rules.
2. Listen to your teachers.
3. Help others.

If a child needs to sit for a short period of time and think about his or her actions and choices, teachers will use time out methods. Teachers and parents should feel free to communicate with each other regarding behavior issues. If a child exhibits a behavior that could endanger him/her or other children in the program, the child may be discharged from the program.

Children are entitled to a pleasant and safe environment in their classroom at Northminster Learning Center. When a child persistently exhibits negative behaviors or functions at a significantly lower developmental level than most children, the environment, schedule, or activity level of the classroom may be a challenge and Northminster Learning Center is not the best educational placement for the student. In order to best serve all children, Northminster Learning Center cannot serve children who display chronically disruptive behavior or children who have been determined to be significantly delayed developmentally. Chronically disruptive behavior is defined as verbal or physical activity which may include but is not limited to such behavior that: requires constant attention from the staff, inflicts physical or emotional harm on other children, abuses the staff, ignores or disobeys the rules which guide behavior during the school day and program time. Negative or unhealthy behaviors such as spitting or any behaviors which endanger the child (such as leaving the building) will not be accepted. If a child cannot adjust to the program setting and behave appropriately, the child may be discharged. When three incidents of the behaviors listed above are documented, the student will face dismissal from the program. Significant developmental delays include children who function at a much lower level than a typically-developing child and exhibit the following challenges at a severe level: verbal and written communication, toilet training, attention span, and the ability to interact with other children.

Parent Name: _____

Date: _____

Student Name: _____



Agreement to Abide by the After School Handbook

I have received, read, and understand the 2018-2019 program handbook for the after school program at Northminster Learning Center and agree to abide by the policies and procedures. I agree to follow the policies regarding payment, absence, and illness. I am aware of the birth certificate requirement. The handbook can be found on our website, northminster.us, or you may pick up a copy in the office.

Student Name _____

Parent Name _____

Date _____



2018-19 Transportation from School Consent Form

My child, _____, age _____ will be riding the bus from _____ Grade School when school is over. The school has been informed of this arrangement. I have been informed that Northminster Learning Center's responsibility does not begin until my child is on the church premises. If there is a change in this plan, I will inform a staff member of Northminster Learning Center. I also agree to pay the fees for bussing my child to Northminster as stated below:

\$30 per month for 5 days a week

\$25 per month for 4 days a week

\$20 per month for 3 days a week

\$15 per month for 2 days a week

\$10 per month for 1 day a week

\$10 per month for 3-7 days per month

Date: _____

Parent Signature: _____

Northminster Learning Center
10720 N. Knoxville Ave.
Peoria, IL 61615
Phone: (309) 691-6322
Fax: (309) 691-6031
E-mail: michellel@northminster.us

Licensing Standards may be found on our website, northminster.us.

CFS 581
Rev. 12/2000

Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

hereby certify that I/we have parent(s) of:

Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services in the Northminster Learning Center enrollment packet.

Signature of Parent (s) _____

Date _____

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.
CFS 581



Electronic Tuition Payment Due with Enrollment Papers

**VOIDED
CHECK IS
REQUIRED
PLEASE!**

Northminster Learning Center **requires** Electronic Funds Transfer (EFT) for all families paying **monthly and weekly** tuition.

Your payment will be conveniently transferred approximately the 15th of each month from your bank account **or** to your credit card from September through May.

If you would prefer to pay the complete tuition for the school year by check as another option, please contact Kim Holdham for your total.

- Steps to Enroll:**
- Fill out the form below and sign your name.
 - Include a **voided check** if deducting from a checking account or a **voided deposit ticket** if deducting from a savings account.

Authorization Agreement for Pre-Authorized Payment or Credit Card Charges Northminster Learning Center, 10720 North Knoxville Avenue, Peoria, IL 61615

I (We) hereby authorize Northminster Learning Center of Peoria, Illinois, to initiate electronic debit entries to my checking or savings account listed or to post charges to my credit card as listed below to fulfill my tuition payments. I am supplying my financial institution's name and my account number below.

Checking/Savings: Name of Bank: _____ City/State/Zip: _____	
_____ Checking or _____ Savings	Routing # _____ Account # _____

Credit Card: If electing to pay by credit card, your tuition payments will be increased by 5% to cover credit card processing fees.	
_____ Mastercard	_____ Visa
_____ Discover	
Credit Card #: _____	Expiration Date: _____
Name on Card: _____	Billing Zip Code: _____

I understand that my payment will be transferred directly from the account/credit card noted above approximately the 15 of each month from September through May. A record of my payments will appear on my bank or credit card statement. I realize that the transferred amount can change slightly from month to month for Aftercare families. If I have any questions regarding this payment, I may call Kim Holdham, (309) 691-6322.

Parent Name(s) _____ Student Name(s): _____

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE CONTACT KIM WITH ANY CHANGES TO YOUR ACCOUNT INFORMATION.