

Dear Parents:

The Child Development classes of West Chicago High School will be planning and running a lab school program February through May. The child needs to be toilet trained and between the ages of 3 and 5 years of age. The cost is \$180 for the 12 week period. (Arrangements of monthly payments of \$60 may be made with Mrs. K.) Check is to be written out to "Community High School District #94". A calendar is provided to show the exact dates and time of the preschool program. If you want more than one copy please let Mrs. Kozlowski know.

Please schedule a day on February 23rd or February 24th to attend preschool. You are to stay with your child the first day and experience the routine. Pictures will be taken. A booklet is put together for security personnel so that they know who is allowed to pick up the child and who is allowed in the building. Mrs. Kozlowski will go over procedures.

February 23 or February 24

We are doing an orientation both of those days. Please call and pick one day for your orientation.

The daily routine is:

1. Check in with security at entrance "H" at 11:15pm. (Park in visitor space.)
2. Take the child to the bathroom by the nurse's office. (This is required by state standards.)
3. Wash their hands.
4. Proceed to room 108-preschool room.
5. Mrs. Kozlowski will be greeting the children in room 108.
6. Hang up coats/boots inside of room.
7. Please stay with the child until the adult teacher arrives in case she is not in the room.
8. Good byes are best outside of the door so that when the children enter class can begin. (If needed there is an observation room to see how your child is adjusting while you are out of the room.)
9. Please be on time in picking up your child. Our final bell rings at 2:05 when students leave for other classes. If something happens and you are running late, please call the classroom in the preschool room to notify the teacher. **630-876-6201**.

There is a nurse on duty full time in case there may be any problems. The school does not administer any medications and is not responsible for medication.

During the class period there are 6-7 students running the preschool under the supervision of the classroom teacher Mrs. Kozlowski. All activities will be on school grounds for this session unless you have been notified.

If interested fill out the following information on the next page and contact Mrs. Kozlowski by email or phone. pkozlowski@d94.org or 876-6377. Applications are to be turned into the administrative office by entrance "H" in Mrs. Kozlowski's mailbox. The 15 accepted will be those completing the application process first.

Looking forward to working with you. Mrs. Kozlowski

INFORMATION SHEET

Fill out the medical card and this sheet. Please return to Mrs. Kozlowski by February 12 .

CHILD'S NAME _____ DATE OF BIRTH _____
MONTH DAY YEAR

Address _____

City _____ Zip _____

NICKNAME (IF ANY) _____ BOY _____ GIRL _____ AGE _____
YEARS MONTHS

NUMBER OF BROTHERS _____ AGES _____ NUMBER OF SISTERS _____ AGES _____

HAS YOUR CHILD ATTENDED A PRESCHOOOL? _____ YES _____ NO
IF SO, WHERE?

DOES YOUR CHILD HAVE ANY ALLERGIES? (Please write on back of paper if needed to list foods or other allergies that the school needs to be concerned about.)

DOES YOUR CHILD USUALY PLAY: _____ ALONE, OR _____ WITH OTHER CHILDREN?
LIST THE AGES OF THE OTHER CHILDREN WITH WHOM YOUR CHILD PLAYS.

WHAT IS YOUR CHILD'S FAVORITE PLAY ACTIVITY?

LIST ANY OUTSTANDING PHYSICAL OR EMOTIONAL CHARACTERISTICS THAT YOU FEEL MAY BE IMPORTANT TO KNOW ABOUT YOUR CHILD IN HELPING OTHERS TO UNDERSTAND HIM OR HER MORE FULLY.

I _____ (print parent's name) understand that my child may be video taped for educational use only. (Video tapes are used for educational instruction from year to year.) Pictures may be taken in the classroom and used for promoting the program through school website or posters. Children's names will not be given. Once my child has been accepted and fees paid there is no refund. I have read and understand the preschool lab conditions.

Parent's signature

PLEASE RETURN THIS ENROLLMENT SHEET BY February 12nd.

EMERGENCY INFORMATION

CHILD'S NAME _____

MOTHER'S NAME _____ OCCUPATION _____ PHONE # _____

Email _____ CELL PHONE # _____

FATHER'S NAME _____ OCCUPATION _____ PHONE # _____

CELL PHONE # _____

ANSWER ONLY IF THE CHILD DOES NOT LIVE WITH BOTH PARENTS IN ONE HOUSEHOLD:

ARE PARENTS SEPARATED? _____ DIVORCED? _____ LEGAL GUARDIAN: _____

WITH WHICH PARENT WILL THE CHILD BE LIVING WHILE ATTENDING THIS SCHOOL?

PERSON RESPONSIBLE FOR CHILD IF PARENTS ARE UNAVAILABLE:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE # _____

OTHER PERSON(S) AUTHORIZED TO TAKE CHILD FROM PRESCHOOL:

NAME _____ RELATIONSHIP _____ Phone _____

NAME _____ RELATIONSHIP _____ Phone _____

PHYSICIAN'S REPORT

NO MEDICINE SHOULD BE BROUGHT TO PRESCHOOL. NO ONE IS AUTHORIZED TO GIVE MEDICATIONS.

IF THE CHILD IS USING ANY MEDICAITON, PLEASE EXPLAIN.

DATE OF MOST RECENT PHYSICAL EXAMINATION: _____

PLEASE INCLUDE SHOT RECORD: _____

PHYSICIAN'S NAME _____ PHONE # _____