

Tuition[®]

Express

Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express[®]—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

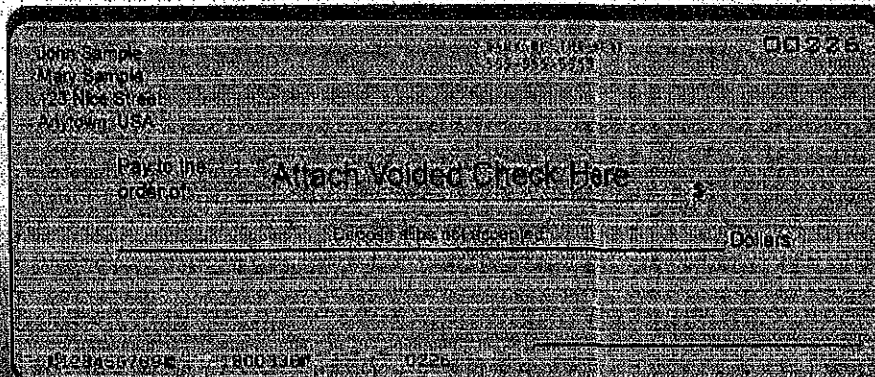
SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



A service of



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SOFTWARE

GRAND AVENUE RELEASE FORM

*For ALL children enrolled in all-day preschool
or the school-age program.*

I understand that the Grand Avenue Preschool's responsibility for my child starts when my child is signed into the program and ends when my child is signed out.

Therefore, I release Grand Avenue Preschool & Day Care from any legal responsibility for my child:

Print full name: _____

1. Once my child leaves Grand Avenue Preschool & Day Care, Inc.
2. Until my child has been placed in the care of a Grand Avenue Preschool & Day Care staff member.
3. When my child leaves his/her elementary school in route to Grand Avenue Preschool & Day Care.
4. When my child leaves Grand Avenue Preschool & Day Care to go to activities listed on the Activity Form. (Please be sure to complete the Activity Notice form for all after school activities.)
5. When my child leaves Grand Avenue Preschool & Day Care to attend: _____
6. When my child leaves _____
to return to Grand Avenue Preschool & Day Care.

PLEASE PRINT: _____

(Parent or legal guardian)

SIGNATURE: _____

(Parent or legal guardian)

Date



Please date: _____

My Child's School-Age Biography- K-5th

It is important we understand your child, their interests, likes, dislikes, experiences, etc. This assists our staff to better work with the children in aspects of the care they receive at Grand Avenue Preschool & Day Care.

Child's Name _____ Child's Birthday _____
 Address/Town _____ Child's Gender _____
 Parent's First Names _____ Home Phone: _____
 Parents' Cells MOM: _____ DAD: _____
 Parents' E-Mail: _____
 Marital Status _____ Child's Grade _____

Health History

Allergies/Symptoms (list) _____
 Any previous illness that may affect development? _____ If so, what? _____

 Any restrictions? _____ If so, explain _____

Child and Family

Name your child responds to _____ Nickname _____
 Any Fears? _____ If so, explain _____
 Name of school your child attends _____ Grade Level _____
 Name(s) & birthdate(s) of siblings _____

 Is your child right or left-handed? _____

Social Characteristics

Which school(s) has your child attended previously (listing where and how long)?

 What are your child's hobbies? _____
 What are some of your child's strengths? _____
 What are some of your child's weaknesses? _____
 Is your child generally outgoing _____ shy _____ withdrawn _____?
 Does your child have any special interest or talents we can assist to develop?

Is there anything else you feel we should know about your child (physical or emotional, religious practices, etc.)?

In what ways may we help your child this year?



Grand Avenue Preschool & Day Care, Inc.

*****GUIDANCE AND DISCIPLINE POLICY*****

Grand Avenue Preschool & Day Care believes in and practices the positive approach to guidance and discipline.

The positive approach is:

- Teaching children school rules for safety and socially acceptable behavior.
- Teaching children the words and actions of socially acceptable behavior.
- Verbally communicating acceptable behavior in a positive manner.
- Modeling, both in actions and words, acceptable behavior.
- Teaching children ways to peacefully resolve conflict and allowing children reasonable opportunities to resolve their own conflicts.

Techniques that will be used include:

- Recognizing and praising acceptable behavior.
- Planned ignoring of some non-safety related behaviors such as whining.
- Redirecting a child's attention and activity to provide the child an opportunity to use appropriate behavior.
- Removing a child from the group to allow the child time to regain self-control. The time shall not exceed one minute per year of age.

All teachers who have ongoing relationships with children will be responsible for guiding the children's behavior. Grand Avenue Preschool and Day Care considers the following practices to be inappropriate and counter productive to our positive approach to guidance and discipline and will not tolerate their use:

- Corporal punishment of any measure intended to inflict pain or fear.
- Withholding or threatening to withhold food, rest, or use of the bathroom.
- Abusive or profane language.
- Any form of humiliation, terrorizing, intimidation, rejection, or threat of physical punishment.

The teachers and staff at Grand Avenue Preschool and Day Care will help children learn the life-long skills of socially acceptable behavior. Our positive approach will foster self confidence, kindness, tolerance, and respect for all people.



Please date: _____

My Child's Biography

It is important we understand your child, their interests, likes, dislikes, experiences, etc. This assists our staff to better work with the children in all aspects of their development.

Child's Name _____ Birth date _____

Address/Town _____ Gender _____

Parent's First Names _____ Home Phone: _____

Occup./Interests DAD: _____ MOM: _____

Parents' Cells MOM: _____ DAD: _____

Parents' E-Mail: _____

Health History

Allergies? _____

Symptoms _____

Any previous illness that may affect his/her development? _____

Any restrictions? _____ If so, explain _____

Child and Family

Name your child responds to _____ Any Fears? _____

Does your child nap? _____ Child's future school _____

Names & birth dates of siblings _____

Marital Status _____

Developmental Characteristics

What age did your child begin talking? _____

Any speech difficulties? _____

Is your child right or left handed? _____

Social Characteristics

Has your child attended school before? _____ Where _____ How long? _____

Has your child attended other group programs? _____ Where _____ How long? _____

Favorite activities and toys _____

Does your child know other children at Grand Avenue? _____

Is your child generally outgoing _____ shy _____ withdrawn _____

How do you discipline? _____

Diet

Is your child hungry at meal times? _____ Between meals? _____

Does your child have any special interests or talents we can develop further? _____

Is there anything you feel we should know about your child(physical, emotional, religious practices)? _____

In what ways may we help your child this year? _____

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Grand Avenue Preschool & Day Care, Inc.—Authorization Form

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission to LaGrange Adventist Hospital, Hinsdale Adventist Hospital, or a hospital selected by 911 and to the Doctors in attendance to treat my child, as necessary, in an emergency situation when I am not available.

Signed _____ Date _____
(Parent or Legal Guardian)

Child's Full Name _____ Birthdate _____ Gender _____

Parents' Names _____ Home Phone _____ Work Phone #s _____

Parents' E-Mail _____ Cell Phone #s _____

Child's Doctor _____ Doctor's Phone Number _____

Does your child have any pre-existing conditions? _____

Please list any allergies: _____

Please list any routine medications: _____

I assume all risks which may be associated or result from my child participating in the school's program and release all persons officially connected with Grand Avenue Preschool & Day Care, Inc. If medical treatment is required, my personal health insurance plan must be used. Students use the playground during their school day. While attending Grand Avenue, the use of the equipment is considered a walking field trip. There are monkey bars, a giant web and various pieces of equipment for their use. I am aware that accidental injuries can occur while my child is in school and that Grand Avenue does not provide 1:1 supervision for any age groups.

Signed _____
(Parent or Legal Guardian)

DCFS VERIFICATION

I am aware that a copy of the Illinois DCFS licensing standards summary was sent to me electronically upon enrollment and is posted on the parent board for me to review at any time.

Signed _____
(Parent or Legal Guardian)

PARENT HANDBOOK/GUIDANCE & DISCIPLINE POLICY

I have read, understand, and agree to the Grand Avenue Preschool & Day Care's Parent Handbook and the Guidance and Discipline Policy. Any non-compliance with the Parent Handbook may result in disenrollment.

Signed _____
(Parent or legal Guardian)

USE OF MY CHILD'S PHOTO

I hereby grant to Grand Avenue Preschool & Day Care, Inc. permission for my child's photo to be used via school related social media, advertisement, and/or local publications. YES _____ NO _____

Signed _____
(Parent or Legal Guardian)

PLAYGROUND/FIELD TRIP PERMISSION SLIP

My child _____ has permission to participate in walking field trips in the neighborhood, parks, and to the school's playground, WSFD or for Summer Camp bus transportation.

I will discuss with my child the importance of observing safety rules and following the teacher's instructions. Failure to follow rules will result in my child not being able to participate in future trips.

Signed _____ Date _____
(Parent or Legal Guardian)