Countdown to Preschool

2020/2021

Applications Available	**February 15**
Resident Registration Begins at Devonshire Cultural Center	**June 4 / 9:30A**
Non-Resident Registration Begins at Devonshire Cultural Center	**June 8 / 9:30A**
Information letter mailed/ emailed to enrolled students	**Week of August 3**
Deadline to submit written notification of Drop or Changes	**August 8**
Preschool Parent Orientation	**September 1 & 2**
Preschool Open House	**September 3 & 4 / 10A-Noon**
First payment due/first auto debit process	**September 5**
Preschool Opens	**September 8**

SKOKIE
PARK DISTRICT

www.SkokieParkDistrict.org

Weber Leisure Center
Administrative Offices
9300 Weber Park Place, Skokie, IL 60077
(847) 674-1500, ext. 3500
Fax: (847) 674-9201

Dammrich Rowing Center
3220 Oakton Street, Skokie, IL 60076
(847) 674-1500, ext. 2200

Devonshire Aquatics Center
4400 Greenwood Street, Skokie, IL 60076
(847) 674-1500, ext. 3200
FAX: (847) 933-4538

Devonshire Cultural Center
4400 Greenwood Street, Skokie, IL 60076
(847) 674-1500, ext. 2400
FAX: (847) 933-4554

Emily Oaks Nature Center
4650 Brummel Street, Skokie, IL 60076
(847) 674-1500, ext. 2500
FAX: (847) 933-4328

Fitness First! Health Club
9300 Weber Park Place, Skokie, IL 60077
(847) 674-1500, ext. 2600
Fax: (847) 674-9201

Oakton Community Center
4701 Oakton Street, Skokie, IL 60076
(847) 674-1500, ext. 2700
FAX: (847) 933-4970

Park Services Center
7701 Skokie Boulevard, Skokie, IL 60076
(847) 674-1500, ext. 2800
FAX: (847) 674-8675

Skatium Ice Arena
9300 Weber Park Place, Skokie, IL 60077
(847) 674-1500, ext. 2900
FAX: (847) 674-1518

Skokie Heritage Museum
8031 Floral Avenue, Skokie, IL 60077
(847) 674-1500, ext. 3000
FAX: (847) 674-8958

Skokie Water Playground
4701 Oakton Street, Skokie, IL 60076
(847) 674-1500, ext. 3200
FAX: (847) 933-4538

Sports Park
3459 Oakton, Skokie, IL 60076
(847) 674-1500, ext. 3100
FAX: (847) 933-5135

Tot Learning Center
3701 Howard, Skokie IL 60076
(847) 674-1500, ext. 3400
FAX: (847) 933-4563

Weber Park Golf Course
9300 Weber Park Place, Skokie, IL 60077
(847) 674-1500, ext. 3600
FAX: (847) 674-1518

National Gold
Medal Winner

Dear Parents,

Thank you for your interest in Devonshire Preschool. Children enrolling in preschool must be potty-trained and have reached the age of 3 or 4 by September 1, 2020. You are encouraged to indicate a first and second class choice. Please look through the enrollment packet and complete the application, gather the related forms, then make an appointment to register by emailing rhhorwitz@skokieparks.org or by calling 847-929-7420. Due to the restrictions on the number of people gathering during the COVID19 crisis, it is required that registration be by appointment.

Your registration cannot be processed if any of the following items are missing:

1. Preschool Application with 6 names total for Pick-up Authorization.
2. Child Care Payment Agreement Form
3. $60 Registration Fee ($100 fee for 2 or more children in the same family).
4. Proof of Residency: one photo I.D. **AND** one utility bill.
5. Acknowledgement Form. Please keep one for your files.
6. Original or Certified Birth Certificate. (we will make a copy).
7. Updated Health Form, including TB and Lead test results. Families with doctors that are reluctant to give these tests must have a written note or signature from their doctor stating this.

Registration appointments with completed packets will begin on June 4 / 9:30A for Skokie residents and on June 8 / 9:30A for non-residents. Admission to the program is on a first come-first serve basis.

If you have any questions regarding Devonshire Preschool or the registration process, please reach out to Robin Horwitz at the email or phone # listed above.

Sincerely,
Robin H. Horwitz, CPRE
Devonshire Cultural Center Manager

Devonshire Preschool
Program Philosophy

Our preschool program is structured with a daily routine to provide an atmosphere of security and an order of sequence for the children. However, our schedule can vary according to special events, our unit of concentration and the various needs of the children.

A free play period is an important part of our program. This time allows for independence and freedom to develop individual tastes as well as self-discovery. There are several centers of interest available in the rooms that include both quiet and active play. In the dramatic play area, a housekeeping family center, and a puppet stage develops the child's understanding of social living.

In the area of active play there are building blocks, scooters and toy vehicles available to develop physical coordination and spatial relationship skills. We also use the theater as a gross motor room, which is equipped with bicycles, scooters, a basketball set, parachute, and more. When the weather permits, we can play outside in the playground.

Quiet play consists of storybooks, puzzles, balancing toys, manipulatives, and the sand table. These toys will help the child develop size and color discrimination, number values and sequence, and coordination of small muscles.

The creative area includes exposure to various art media to allow self-expression through painting, coloring, gluing, clay, paper construction, and collages. The children are generally involved in at least one creative art project daily. Throughout the year these areas will be expanding and changing in order to provide constant stimuli for the children's curiosity.

Group learning, commonly called "Circle Time," is a time when something new pertaining to the unit of study may be introduced. Basic concepts are taught to facilitate the development of your child's awareness of self, his/her association with others and the environment. The children's input is included and valued to encourage verbal expression. Activities include stories, singing, dancing and other movement fun, finger plays, games, discussions, and other learning activities.

Snack is served to the whole group. Table manners are stressed as well as independence. A sense of community is nurtured.

SKOKIE PARK DISTRICT

Devonshire Preschool

2020-2021

REGISTRATION APPLICATION

Please mark your first and second choice. Write your numbers clearly in the boxes.

Children must be the age listed by September 1, 2020.

Children must be potty trained in order to attend.

	Program #	Age	Day	Time	Res-Fee	Non-Res
_____	632422-01	4	M-F	9:00-3:30 pm	$690.00	$863.00 *
_____	632422-02	4	M-F	9:00-11:45 am	$308.00	$386.00
_____	632422-03	4	M,T W,TH	9:00-11:45 am	$279.00	$350.00
_____	632422-04	4	M,W,F	12:30-3:30 pm	$217.00	$283.00
_____	632421-01	3	M,W,F	9:15-11:45 am	$201.00	$307.00
_____	632421-02	3	M,W,F	12:30-3:00 pm	$201.00	$307.00
_____	632421-03	3	T,TH	9:15-11:45 am	$137.00	$173.00
_____	632421-04	3	T,TH	12:30-3:00 pm	$137.00	$173.00

***Please note that fees for full day 4 year old class include hot lunch service.**

Registration Application – with three signatures
Emergency info page filled out with 3 names on top and bottom of form
Certified Birth Certificate
Payment agreement
$60 Registration Fee/$100 for Family of Two NON-Refundable
Acknowledgement Form
Proof of Residency - 2 forms needed (Drivers License, Utility Bill, or Mortgage.)
Updated Health Form (Check TB, Lead, Signatures)

Received by _____

Please note that the monthly payments are the cost of a year's tuition broken into 9 equal payments for your convenience. It is not a monthly "rate" for attendance.

Preschool start date: _____
End date: _____

SKOKIE PARK DISTRICT

Devonshire Preschool

2020-2021

REGISTRATION APPLICATION

The following information is confidential and will be kept on file in the school office.

Student's Name			
Nickname			
Address			
Today's Date	Birth Date	Place of Birth	☐Male ☐ Female
Mother/Legal Guardian			
Address			
Home Phone		Pager/Cell Phone	
Work Phone		Work Address/City	
Work Hours		Occupation	
Father/Legal Guardian			
Address			
Home Phone		Pager/Cell Phone	
Work Phone		Work Address/City	
Work Hours		Occupation	
Parents are ☐ living together ☐ separated ☐ divorced ☐ other:			
Child's Physician		Phone	
Does your child have allergies? ☐ yes ☐ no Explain:		Medical conditions/limitations? ☐ yes ☐ no Explain:	
Dietary restrictions? ☐ yes ☐ no Explain:		Is your child on medication? ☐ yes ☐ no Explain:	

PERSONS AUTHORIZED TO PICK UP YOUR CHILD (We need three persons)

Please list the name, address and phone numbers of 3 persons who are authorized to pick up your child on a daily basis. These persons will be authorized to assume responsibility of your child in the event of an emergency or if we are unable to reach the parents.

PRIMARY LIST MUST LIST 3 NAMES

PERSONS AUTHORIZED TO PICK UP AND CARE FOR YOUR CHILD.

Name/Relationship	**Address**
Home Phone	**Work Phone**
Name /Relationship	**Address**
Home Phone	**Work Phone**
Name /Relationship	**Address**
Home Phone	**Work Phone**
Signature of Parent/Legal Guardian	**Date**

SECONDARY LIST

PERSONS AUTHORIZED TO PICK UP YOUR CHILD ON AN OCCASIONAL BASIS. MUST LIST 3 NAMES

Name /Relationship	**Address**
Home Phone	**Work Phone**
Name/ Relationship	**Address**
Home Phone	**Work Phone**
Name /Relationship	**Address**
Home Phone	**Work Phone**

PLEASE FILL IN ENTIRE FORM. YOU MUST HAVE 3 NAMES PER SECTION

Please sign all four required authorizations.

EMERGENCY CARE AUTHORIZATION

Insurance Provider:	**Insurance Authorization #:**

In the event of any emergency, I hereby authorize Skokie Park District staff to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for my child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I also authorize staff to administer CPR & First Aid for which they are trained. In case of an accident or health emergency, paramedics will be called. Every effort will be made to contact parents or guardians immediately

Signature of Parent/Legal Guardian	**Date**

AUTHORIZATION TO PARTICIPATE IN OUTDOOR ACTIVITIES

My child has my permission to participate in all outdoor activities at school. All outdoor activities will be scheduled on a daily basis, weather permitting. Any scheduled trip off the Center premises will require a signed permission form. I understand that my child will be supervised and the safety rules will be enforced. This is not intended as a waiver or release of any legal responsibility. Individual permission forms will be forwarded to parents prior to each event. We would appreciate your prompt reply to these announcements. Those children not having signed permission forms will not be allowed to participate in the trips.

Signature of Parent/Legal Guardian	**Date**

AUTHORIZATION TO USE PHOTOS FOR PUBLICITY

I consent to having my child's photograph used for publicity purposes by the Skokie Park District Preschool program. I understand that both the Preschool and the Skokie Park District are non-profit organizations and that the use of my child's photograph will be used on a strictly non-profit basis.

Signature of Parent/Legal Guardian	**Date**

RELEASE AND HOLD HARMLESS AGREEMENT

Participants 18 years of age or older and parents of participants under the age of 18 should read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries or damages you might personally sustain which might arise out of this program. As a participant in this program (or as a parent of a minor participant), I recognize and acknowledge that there are certain risks of physical injury associated with such participation and I agree to assume the full risk for any injuries, damages, or loss which I may sustain as a result of participating (or of my minor child's participation) in such program as against the Skokie Park District, its officers, agents, servants, and employees. I do hereby fully release and discharge the Skokie Park District and its officers, agents, servants, and employees from any and all claims from injuries, damages, or loss which I may have or which may accrue to me on account of my participation (or on account of my minor child's participation) in the program. I further agree to indemnify, hold harmless, and defend the Skokie Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program (or my minor child's participation in the activities of the program). I have read and fully understand this Release and Hold Harmless Agreement and any program details provided to me. It is mutually understood that the facsimile registration document (including waiver and release of all claims) shall substitute for and have the same legal effect as the original form.

Signature of Parent/Legal Guardian	**Date**

NAME AND AGES OF OTHER CHILDREN LIVING AT HOME

Name	Age
Name	Age
Name	Age
Name	Age
Name	Age

NAME AND RELATIONSHIPS OF ADULTS LIVING AT HOME OTHER THAN PARENTS

Name	Relationships
Name	Relationship
Name	Relationship

PERSONAL HISTORY

Normal Birth?	Premature Birth? If yes, how early:	Complications? If yes, please explain:
Birth Weight?		
Did child eat well as an infant?		
Age child began talking		
Does child speak in sentences?		
Does child speak more than one language?		
If yes, what language?		
What is your child's main language?		
If you have older children, how is this child developing compared to your older child?		

HEALTH HISTORY

Has your child had any serious illnesses or hospitalizations?
If yes, please explain.

What illnesses has your child had?

Has your child had any accidents or injuries?
If yes, please explain.

TOILET HABITS *Child must be potty trained to attend

Can your child pull up and down pants and underpants without help?

Can your child wash and dry hands without help?

Does your child ask to use the toilet or does he/she need to be reminded?

Does your child have toilet accidents during the day?

What words does your child use to describe the following toilet functions?

Urination? Defecation?

GENERAL BEHAVIOR

How does your child express his/her emotions? (i.e. happy, angry, sad...)

Does your child have any special fears?
If yes, please explain:

How does your child behave when you leave him/her?

Does your child get frustrated easily?
If yes, how do you handle his/her frustration?

How would you describe your child's overall personality?

For office use only

ENROLLMENT DATE	DISCHARGE DATE

Certificate of Child Health Examination

Rev 11/2013

Children & Family Services

Student's Name (Last / First / Middle)	Birth Date (Month/Day/Year)	Sex	Race/Ethnicity	School /Grade Level/ID#

Address (Street / City / Zip Code)	Parent/Guardian	Telephone # Home	Work

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for *every* dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.

Vaccine / Dose	1 MO DA YR	2 MO DA YR	3 MO DA YR	4 MO DA YR	5 MO DA YR	6 MO DA YR
DTP or DTaP						
Tdap; Td or Pediatric DT (Check specific type)	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophilus influenza type b						
Hepatitis B (HB)						
Varicella (Chickenpox)						
MMR Combined Measles Mumps. Rubella						
Single Antigen Vaccines	Measles	Rubella	Mumps			
Pneumococcal Conjugate						
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza						

COMMENTS:

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

Signature Title Date

Signature Title Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease Signature Title Date

3. Laboratory confirmation (check one) * ☐Measles ☐Mumps ☐Rubella ☐Hepatitis B ☐Varicella
Lab Results Date MO DA YR (Attach copy of lab result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN

Date												
Age/ Grade												
	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L	R L
Vision												
Hearing												

Code:
P = Pass
F = Fail
U = Unable to test
R = Referred
G/C = Glasses/Contacts

HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)				MEDICATION (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma? Child wakes during the night	Yes Yes	No No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No	
Birth defects?	Yes	No		Hospitalizations? When? What for?	Yes	No	
Developmental delay?	Yes	No					
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		Surgery? (List all.) When? What for?	Yes	No	
Diabetes?	Yes	No		Serious injury or illness?	Yes	No	
Head injury/Concussion/Passed out?	Yes	No		TB skin test positive (past/present)?	Yes*	No	*If yes, refer to local health department.
Seizures? What are they like?	Yes	No		TB disease (past or present)?	Yes*	No	
Heart problem/Shortness of breath?	Yes	No		Tobacco use (type, frequency)?	Yes	No	
Heart murmur/High blood pressure?	Yes	No		Alcohol/Drug use?	Yes	No	
Dizziness or chest pain with exercise?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes	No	
Eye/Vision problems? _____ Glasses ☐ Contacts ☐ Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Dental ☐ Braces ☐ Bridge ☐ Plate Other			
Ear/Hearing problems?	Yes	No		Information may be shared with appropriate personnel for health and educational purposes. Parent/Guardian Signature Date			
Bone/Joint problem/injury/scoliosis?	Yes	No					

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE **HEIGHT** **WEIGHT** **BMI** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes☐ No☐ And any two of the following: Family History Yes ☐ No ☐
Ethnic Minority Yes☐ No ☐ Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes☐ No ☐ At Risk Yes ☐ No ☐

LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten.
Questionnaire Administered ? Yes ☐ No ☐ Blood Test Indicated? Yes ☐ No ☐ Blood Test Date (Blood test required if resides in Chicago.)

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. No test needed ☐ Test performed ☐
Skin Test: Date Read / / Result: Positive ☐ Negative ☐ mm _____
Blood Test: Date Reported / / Result: Positive ☐ Negative ☐ Value _____

LAB TESTS (Recommended)	Date	Results		Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)		
Urinalysis			Developmental Screening Tool		

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs
Skin			Endocrine		
Ears			Gastrointestinal		
Eyes		Amblyopia Yes☐ No☐	Genito-Urinary		LMP
Nose			Neurological		
Throat			Musculoskeletal		
Mouth/Dental			Spinal Exam		
Cardiovascular/HTN			Nutritional status		
Respiratory		☐ Diagnosis of Asthma	Mental Health		
Currently Prescribed Asthma Medication: ☐ Quick-relief medication (e.g.Short Acting Beta Antagonist) ☐ Controller medication (e.g. inhaled corticosteroid)			Other		

NEEDS/MODIFICATIONS required in the school setting

DIETARY Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?

If you would like to discuss this student's health with school or school health personnel, check title: ☐ Nurse ☐ Teacher ☐ Counselor ☐ Principal

EMERGENCY ACTION needed while at school due to child's health condition (e g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?

Yes ☐ No ☐ If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in (If No or Modified,please attach explanation.)
PHYSICAL EDUCATION Yes ☐ No ☐ Modified ☐ **INTERSCHOLASTIC SPORTS** (for one year) Yes ☐ No ☐ Limited ☐

Print Name (MD,DO, APN, PA) Signature Date

Address Phone

(Complete both sides)

SKOKIE PARK DISTRICT

PRESCHOOL PAYMENT AGREEMENT

Name _____

Address _____

City _____ Zip _____

Home Phone _____

Work Phone _____

Method of Payment

☐ Auto-Debit Credit Card

☐ Auto-Debit Checking

House Hold #_____

Participant's Name	Activity #		Payment Amounts
			$
			$
			$
			$
			$
			$

Please attach a voided check or savings account information

Checking/Savings Information: _____ _____

Bank Address

_____ _____

Routing Number (nine digits) Account Number

Credit Card Information: _____ _____

Credit Card Type Credit Card #

_____ _____

Expiration Date 3-Digit Code

Agreement:

1. Checking/Savings – I understand that I can stop any payment authorized hereunder by giving my financial institution oral or written notice at any time up to three (3) business days before my automatic deduction is scheduled to occur, but the financial institution may require me to give written confirmation within 14 business days or an oral stop payment order for it to remain effective.
2. I understand that I am responsible to notify the Skokie Park District if any of my bank account or credit card information changes.
3. I understand that these financial arrangements will remain in effect until: a) the total amount due is collected by the Skokie Park District, b) I have requested in writing a cancellation of the program and have paid all current fees, or c) the Skokie Park District or my financial institution sends me a notice of termination of the this agreement.
4. I have read and agree to comply with the Preschool Payment Options information printed on this form.
5. Any declined payment will incur a $25 service fee.

Print Name: _____

Sign Name: _____ Date: _____

DEVONSHIRE PRESCHOOL 2020-2021
ACKNOWLEDGEMENT FORM

Excellence
SKOKIE
PARK DISTRICT

I acknowledge that the Skokie Park District's Devonshire Preschool Program requires a fourteen day written notice of withdrawal.

If I fail to give notice at anytime during the school year, then I understand that I am financially obligated to pay one month of tuition and that I will be charged in accordance with the arrangement I have indicated on my childcare Payment Agreement Form.

_____

Signature of Parent/Legal Guardian Date

PLEASE KEEP ONE COPY FOR YOUR RECORDS

Devonshire Preschool 2020-2021
Acknowledgement Form

Excellence
SKOKIE
PARK DISTRICT

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