



**JANE L. WESTERHOLD  
EARLY LEARNING CENTER**

February 2024

Dear Parents,

It is time to register your child for kindergarten. You are about to begin a wonderful journey with your child as he/she grows and develops through the grades. Kindergarten is an exciting educational adventure filled with new and challenging academic, social, and personal growth experiences. The Extended Day Kindergarten program offers parents an opportunity to extend those experiences beyond the half-day kindergarten program.

Extended Day Kindergarten (EDK) provides the student with a full day of appropriate kindergarten level academic experiences. The EDK program is designed to enhance the district's curriculum and address the state learning standards for kindergarten.

If you have any further questions about the program, please feel free to contact me.

Sincerely,

*Margie Beniaris*

Margie Beniaris  
Director  
Early Learning Center

CCSD 62 Early Learning Center  
SPARK Early Childhood Programs  
Extended Day Kindergarten

Ext. Day Kdg.  
2024 - 2025

Child's Name \_\_\_\_\_ Primary Phone Number \_\_\_\_\_  
Child's Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Apt. \_\_\_\_\_ Male \_\_\_\_\_  
City \_\_\_\_\_ IL, Zip \_\_\_\_\_ Female \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ School \_\_\_\_\_

**Parent/Guardian Information**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Step Parent's Name (if applicable) \_\_\_\_\_ Language \_\_\_\_\_  
Guardian's Name (if applicable) \_\_\_\_\_  
Custodial Parent (if applicable) \_\_\_\_\_

**Employment Information**

**Work Phone**

**Cell Phone**

**AM EDK - Forest ELC**

**PM EDK-Forest ELC**

\_\_\_\_\_ Ext. Day Kdg. 9:00-1:00 (5 days)  
\$390.00/month

\_\_\_\_\_ Ext. Day Kdg. 11:30-3:30 (5 days)  
\$390.00/month

**\*\*Before School 7-9am and After School 3:30-6:00pm  
available from Right at School - rightatschool.com**

Starting Date: \_\_\_\_\_

Registration fee is \$50.00 per family. THE REGISTRATION FEE IS NON-REFUNDABLE and must accompany this registration. Make checks payable to District 62. PLEASE NOTE: THERE IS NO CREDIT FOR NON-ATTENDANCE, LATE ARRIVALS, OR EARLY PICK-UP (this includes emergency weather days.) THERE IS NO BUS SERVICE PROVIDED FOR ANY SPARK PROGRAM. (Shuttle bus for EDK is an exception). For families with more than one child actively participating in a SPARK program, a 10% discount will be given.

**\*\*Any registration form printed from the website must be hand delivered to the ELC office. Registration for any SPARK program is subject to availability and residency requirements. Proof of birth and residency required.**

**In case of emergency (other than yourself), contact:**

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

**1. Emergency Treatment and Transportation Permission:** In case of accident or injury, I hereby give my permission for emergency treatment and transportation.

X  
Signature of parent/guardian

**2. Is your child on daily medication?** \_\_\_\_\_ If yes, state name of medication and reason for taking it.

**3. Does your child have any allergies?** \_\_\_\_\_ If yes, please list them: **(please provide your doctor's allergy plan):**

**4. Important Information:** Please list any information that we should be aware of concerning your family situation that might affect your child.

**5. Photos:** Pictures may be taken at programs and may be used for bulletin boards, scrapbooks or publicity. If you do not wish to grant photo permission, please state "No" otherwise we will assume permission is given. \_\_\_\_\_

**6. Walking Field Trips:** Walking trips around the school grounds may be taken on occasion. I hereby give permission for my child to take walking trips.

X  
Signature of parent/guardian

**7. Tuition:** Tuition is paid in advance. **Delinquent payment is cause for dismissal. There is no credit given for non-attendance (including sickness & vacations), late arrivals or early pick-ups.** A two-week advance notice must be given for withdrawal from the program or any change of hours request.

**8. Late Fee:** If you pick up your child after 6:00 P.M., you will be assessed \$5.00 for every 10 minutes or any part of 10 minutes. This late fee will be assessed to your account and will appear on your billing statement. Habitual late pick-up will necessitate dismissal from the program.

**9. I have read this application and understand I am responsible for the fees related to the sessions I have checked off on the front of this application. If fees are not paid in a timely manner and become delinquent, my child will be dropped from the program.** \_\_\_\_\_ (Please initial)

**10. The SPARK program is a service offered to CCSD 62 residents only.**

**11. If there are concerns with your child's current functioning (e.g. academic, behavioral, developmental) we reserve the right to request an evaluation.**

**12. Payment status needs to be current to register for the following school year. All documents required for your child's enrollment (including proof of residency and birth) must be submitted within 30 days of registration to ensure your child's placement.** \_\_\_\_\_ (Please initial)

X  
Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only  
Date Rec'd \_\_\_\_\_ Amt. Rec'd \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit \_\_\_\_\_

Child's Name: \_\_\_\_\_

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Registration is subject to availability and residency requirements. Proof of birth and residency  
required.

AUTHORIZATION FOR PICK-UP

1.Name: \_\_\_\_\_ 2.Name: \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

3.Name: \_\_\_\_\_ 4.Name: \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

The above people are authorized to pick up my child.

X \_\_\_\_\_  
Signature of Parent/Guardian Date



Community Consolidated School District 62  
SPARK Program  
824-1065

Early Childhood Programs Questionnaire

School Data:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

If your child is attending kindergarten, please indicate his/her home school: \_\_\_\_\_

In order to be sensitive to the cultural diversity of families, are there any cultural or religious preferences of which we should be aware?

What language is spoken in the home?

Will you need a translator when interacting with teachers? \_\_\_\_\_yes \_\_\_\_\_no

Does your child have any siblings? Please list names and ages:

Social Experiences:

1. What are your child's strengths? \_\_\_\_\_
2. What are your child's weaknesses? \_\_\_\_\_
3. Has your child attended any other nursery center or daycare center?  
If so, which one? \_\_\_\_\_ For how long? \_\_\_\_\_
4. Would you say your child is a leader or a follower? \_\_\_\_\_
5. What activities does your child enjoy outdoors? \_\_\_\_\_
6. What activities does your child enjoy indoors? \_\_\_\_\_
7. Does your child enjoy books?
8. Do you read to your child? \_\_\_\_\_ How often? \_\_\_\_\_
9. Is your child able to remember songs or rhymes? \_\_\_\_\_
10. Has your child had experiences with paints and crayons? \_\_\_\_\_ Scissors? \_\_\_\_\_
11. Does your child select the clothing he/she wears? \_\_\_\_\_ Dress themselves?
12. Please check the items your child can do:  
button \_\_\_\_\_ ties shoes \_\_\_\_\_ snap \_\_\_\_\_ zip \_\_\_\_\_ ace shoes \_\_\_\_\_ fasten \_\_\_\_\_
13. Does your child look forward to holidays? \_\_\_\_\_ Favorite?
14. What holidays do you celebrate in your home? \_\_\_\_\_

Development:

1. Does your child have any health problems the center should be aware of? \_\_\_\_\_  
If so, what? \_\_\_\_\_
2. Does your child have any limitations in the following areas? Please describe.  
\_\_\_\_\_ Hearing impaired \_\_\_\_\_  
\_\_\_\_\_ Physically impaired \_\_\_\_\_  
\_\_\_\_\_ Learning disabled \_\_\_\_\_  
\_\_\_\_\_ Speech and/or language impaired \_\_\_\_\_  
\_\_\_\_\_ Visually impaired \_\_\_\_\_  
\_\_\_\_\_ Behaviorally challenged \_\_\_\_\_
3. Is your child or a sibling receiving or has received any special education intervention? If yes, please describe.  
\_\_\_\_\_
4. Does your child have any food allergies? \_\_\_\_\_ If so, what?  
How severe? \_\_\_\_\_ Do we need a plan? \_\_\_\_\_
5. Is your child able to print his/her name? \_\_\_\_\_
6. Is your child aware of dangers such as fire, electricity, traffic, and strangers?  
\_\_\_\_\_
7. Is your child able to be in a new or strange situation without an undue show of fear?  
\_\_\_\_\_
8. What kind of problems do you have most often with your child?  
\_\_\_\_\_
9. In what area(s) does your child need the most guidance?  
\_\_\_\_\_
10. What discipline techniques work best with your child? \_\_\_\_\_
11. Can your child take care of his/her own toilet needs? \_\_\_\_\_
12. Does your child wet the bed: \_\_\_\_\_  
Never Occasionally Only rarely
13. Is your child prone to separation anxiety? \_\_\_\_\_ Has your child had a problem with  
this in the past? \_\_\_\_\_
14. Does your child have any fears? \_\_\_\_\_
15. What best describes your child? \_\_\_\_\_

School Adjustment:

1. What do you expect your child to acquire through the SPARK Program?  
\_\_\_\_\_
2. What else would you like your child's SPARK teacher to know about your child?  
\_\_\_\_\_
3. When is the best time to meet with you? \_\_\_\_\_

Additional comments:

Remember:

You are your child's first and most important teacher. Because of this, the SPARK staff welcome and value your input concerning your child.

In order to help the staff best meet the emotional needs of your child, keep them posted about any major events that may effect your child, i.e. the birth of a baby, change in marital status, the move to a new house, the death of a grandparent or pet, etc. Your confidentiality will be respected at all times.