



**Sunshine
Preschool**



**2018-2019
Registration Packet**



Sunshine Preschool Registration Packet 2018-2019

This outstanding preschool program has guided and enriched children since 1980. Children gain educational and social skills in a traditional program by learning through play and exploration. They experience a variety of well-rounded enrichment activities, including arts and crafts, music, nature studies, S.T.E.M. learning, cooking, field trips and storytelling.

Sunshine Preschool meets two, three or four

days per week at the Leisure Center. Children must be potty-trained (except in the Terrific Twos class) and the appropriate age by September 1. The schedule follows the local school districts' calendars; there are no classes on school holidays and breaks.

New Registration Process

Our new and improved registration process works with you and your busy schedule!

All Registration Packets are due to the Leisure Center by 5pm on November 8. All families will be notified of their placement by email the week of November 13. Currently enrolled families will be enrolled first through a random drawing. New families will be placed in a preschool class after current families through a random drawing.

Here are the important dates to remember:

October 20	Registration Packets available online at nbparks.org , at Park District registration locations and sent home with currently enrolled families
October 21	Open House at the Leisure Center from 10am-Noon for perspective families
November 8	Registration Packets due to the Leisure Center by 5pm
Week of November 13	All families will be notified of their placement
August 28, 2018	Parent Night for enrolled 2018-2019 families, 7pm at the Leisure Center
August 30, 2018	Open House for currently enrolled students in their classroom, Leisure Center 9-11am. Come meet your teachers!
September 4, 2018	First day of preschool

Philosophy and Goals

Sunshine Preschool is a multi-faceted program for children ages 2-5 years. Our goal is to build positive self-esteem by providing a nurturing and supportive atmosphere that is conducive to creative learning. The program attempts to recognize and meet children's needs on an individual skill level.

Instructors

Our instructors are college graduates with teaching experience, carefully selected and trained by the Northbrook Park District.

Terrific Twos This transitional preschool program helps prepare young children for their first school setting with an emphasis on socialization and gross motor movements. Parents/caregivers can attend during the first few weeks to help with the adjustment. As children become more comfortable, parents spend less time in the classroom.

3-Year-Olds This class builds on our program for 2-year-olds, with extensive use of books and hands-on activities. Children learn through play and create projects to enhance their knowledge. Weekly themes organize the school year.

Pre-K Our Pre-K class for ages 4-5 enhances social skills and play-based learning with a focus on kindergarten readiness. Activities help children develop an understanding of the alphabet and numbers. Computer Explorers provides additional instruction. The school year ends with a graduation ceremony.

Days	Times	Dates	Annual Fee		Monthly Installment	
			Res	Non-Res	Res	Non-Res
Terrific Twos		Min/Max: 8/12				
Tu, Th	9:10-11:10am	9/4-5/16	\$1482	\$1850	\$154	\$200
M, W	9:10-11:10am	9/5-5/15	\$1482	\$1850	\$154	\$200
3-Year-Olds		Min/Max: 10/14				
Tu, Th, F	9:15-11:30am	9/4-5/16	\$2218	\$2726	\$246	\$314
M, W, F	9:15-11:30am	9/5-5/15	\$2218	\$2726	\$246	\$314
Pre-K		Min/Max: 10/16				
M-Th	9-11:15am	9/4-5/16	\$2866	\$3578	\$327	\$416
M-Th	12:45-3pm	9/4-5/16	\$2866	\$3578	\$327	\$416

Participants with Special Needs/NSSRA

Inform the Park District about any medical condition or special need that requires staff attention. If a child has an aide or companion during the day, the Park District recommends the same for Preschool participation. The Park District works closely with Northern Suburban Special Recreation Association (NSSRA) to ensure students with special needs receive proper attention. If you wish to discuss support options, contact NSSRA Liaison Amy Kopecky at 847-291-2995.

How to Register

1. Complete all necessary forms in this Registration Packet

Incomplete packets will not be processed

- Registration Form
- Program Waiver and Release
- Participant Information Form
- Code of Conduct
- Permission to Dispense Oral Medication (if needed)
- Allergy Action Plan (if needed)

2. Register in person with a \$250 non-refundable deposit

Additional supplementary paperwork, parent handbook and calendar will be sent to all enrolled families July 2018.

Payments

Unless paid in full, a \$250 non-refundable deposit is due at the time of registration. Monthly payments will be processed electronically through a debit/credit card in eight equal installments based on your balance. The first monthly installment will be charged on September 1; the last monthly installment will be charged on April 1.

A \$25 late fee will be applied if payment is not received by the 15th of the month. Any payment returned for non-sufficient funds will incur a fee of \$15 in addition to the late fee. Failure to keep an account current will result in dismissal from the program. Notification of pending action will be provided.

Refunds

In addition to the \$250 non-refundable deposit, all refunds will be pro-rated and are subject to an administrative fee of 10% of the total program cost.

No School Days

Sunshine Preschool will not be in session and no alternate programming will be available on the following dates:

- September 10, 2018** – Rosh Hashanah
- September 19, 2018** – Yom Kippur
- October 8, 2018** – Columbus Day
- October 18, 2018*** – Parent Teacher Conferences
- November 21-23, 2018** – Thanksgiving Break
- December 24, 2018 – January 4, 2019** – Winter Break
- January 21, 2019** – Martin Luther King Day
- February 18, 2019** – Presidents Day
- March 25-29, 2019*** – Spring Break
- April 19, 2019*** – Bring your Parent to school day

*These dates are subject to change. A formal calendar will be sent to you in July 2018.



Enrichment Classes

We offer a variety of lunchtime enrichment classes Monday – Friday for ages 3-5 immediately following the preschool day. These classes extend your preschoolers day to 12:45pm. You can sign up for a variety of programs throughout the year. Check our current recreation guide and register at nbparks.org. Make sure to pack a nut-free lunch and a drink for your child.

Parent Orientation Night

Parent Orientation Night will be held on August 28, 2018, at 7pm at the Leisure Center for enrolled families. This presentation will cover the Preschool Parent Handbook, introduce our teachers and allow time for questions. Attendance is highly encouraged.

Open House

Sunshine Preschool Open House will be held on August 30, 2018 from 9-11am at the Leisure Center for enrolled families. This is a time for your child to meet their teacher, explore their classroom and help with transition for the first day of school. Attendance is highly encouraged.

We are here to assist your child in learning, gaining self-confidence, making new friends and having fun! We welcome your comments and suggestions regarding our programs as the Park District strives to provide outstanding services and programs. Thank you choosing the Northbrook Park District. We look forward to serving you and your family.



**Northbrook
Park District**

Sunshine

Preschool

nbparks.org/preschool



Sunshine Preschool Registration Form

Questions? Call 847-291-2993

FORM

Fill out all fields to complete your registration.

Last Name	First Name

Address		
City	State	Zip Code
Primary Phone		Secondary Phone
Emergency Phone	Email	

We encourage participation by everyone and provide reasonable accommodations in accordance with ADA standards. If you require program assistance for special needs, check the box to be contacted by our NSSRA Inclusion Liaison, Amy Kopecky. A diagnosis is not necessary. Amy Kopecky can also be reached at 847-897-6152 or akopecky@nbparks.org.

Preschool Class	Fee	Participant's First Name	Birth Date MM/DD/YY	Gender	For Office Use Only
1st Choice:			/ /	M F	
2nd Choice:			/ /	M F	

TURN PAGE TO READ AND SIGN WAIVER. PARTICIPATION WILL BE DENIED WITHOUT A SIGNATURE.

Payment Information

Cardholder's Name _____	<input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Cash <input type="checkbox"/> MasterCard \$ _____ <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Card Expiration Date _____ Charge Amount \$ _____	
Cardholder Signature _____	

Credit Card Number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					Security Code <small>(3 or 4 #s)</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

Reminder: Complete both sides of form.

NORTHBROOK PARK DISTRICT

Program Waiver and Release

Important Information

The Northbrook Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the District to guarantee absolute safety.

I have read and fully understand the above important information, warning of risk, photo/video policy, assumption of risk and waiver and release of all claims. If registering online or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature (check box).

Participant's Name (Please Print) _____

Participant's Signature _____ Date _____

If Under 18, Parent/Guardian Signature _____ Date _____

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian for minor and date are not on this waiver. Note: The Northbrook Park District does not carry medical or accident insurance for its participants. We suggest you look at your own insurance policy to be sure you are adequately covered. The District assumes no responsibility for personal injuries or loss of personal property.





**NORTHBROOK PARK DISTRICT
Leisure Services Division
2018 Participant Information Form**

(Return to: Leisure Center - 3323 Walters Avenue - Northbrook, IL 60062 or any Park District Registration Location)

Participant Name: _____ Birth Date: _____
 Participant Address: _____ Home Phone: _____
 Gender: Male Female School Attending 2018-19 School Year: _____ Grade for 2018-19 School Year: _____

CAMP ONLY			
Session 1 Camp: _____	Session 1: AM Extended Care?	Y	N
	Session 1: PM Extended Care?	Y	N
Session 2 Camp: _____	Session 2: AM Extended Care?	Y	N
	Session 2: PM Extended Care?	Y	N

List the Parent/Guardian names and phone numbers in the order you wish them to be contacted in the event of an emergency.

Name: _____ Relationship: _____ Cell Phone: _____
 Name: _____ Relationship: _____ Cell Phone: _____

Preferred Email for Park District Communication (Required) _____

Emergency Contacts/Authorized to pick up child (List three names not including the guardians listed above)

Name	Relationship	Phone/Cell during program hours
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Describe any **current** health condition requiring medication, treatments, special restrictions or considerations (i.e. allergies) during program hours. (Allergy Action Plans must be completed for all food allergies.)

Describe any other information (i.e. general temperament, legal considerations) about your child that our staff should know.

Does your child require additional assistance, program adaptations or a 1:1 companion provided by NSSRA? Y N
 If yes, please explain: _____

Does your child take medication during program hours? Y N **(If yes, you must complete a Permission to Dispense Medication Form)**
 May your child leave the program on his/her own? Y N **(If yes, you must complete a Dismissal Plan)**

I have read the Participant Code of Conduct and Sunscreen Responsibilities (printed on back) and have explained it to my child. In the event of an emergency and that parents or a designated responsible adult cannot be reached, I authorize the Northbrook Park District to send my child (properly accompanied) to the nearest hospital facility for emergency medical treatment.

I grant permission to the staff of the Northbrook Park District to assist with the reapplication of sunscreen to exposed skin (face, tops of ears, neck, bare shoulders, arms and legs). Assistance may include assigning a buddy, verbal instruction, or actual application as directed on the sunscreen bottle.

I do not grant permission for staff to assist with the application of sunscreen.

Parent/Guardian Signature: _____ Date: _____

FORM



NORTHBROOK PARK DISTRICT Leisure Services Division

Code of Conduct

Equal Access

No participant shall, based on race, sex, creed, national origin, or disability be denied equal access to programs, activities, services or benefits, or be limited in the exercise of any right, privilege, advantage or opportunity.

Behavior

The Northbrook Park District expects program participants and parents/guardians to exhibit appropriate behavior at all times. We have developed the guidelines to help make Park District programs safe and enjoyable for all. The staff may develop additional rules for particular programs as they deem necessary.

All participants, including parents and volunteers, are expected to exhibit appropriate behavior at all times. Expectations are to:

- ✓ Show respect to all staff, volunteers and other participants.
- ✓ Show respect for equipment, supplies and facilities.
- ✓ Take part cooperatively and positively, following the established rules.

Discipline

The purpose of discipline is to help children develop self-control and learn to assume responsibility for their actions. The Northbrook Park District uses positive statements and reinforcement to redirect behavior. The staff will discipline each child in a firm, positive and progressive way (as necessary).

The Northbrook Park District reserves the right to dismiss any participant whose behavior endangers his/her own safety, the safety of others, or has a negative impact on the program or facility. We will evaluate each situation on its own merit. Participant Conduct Reports will be used to document inappropriate behavior. The Park District will discuss these reports with the participant and his/her parent/guardian. Recurring or severe behavior problems may lead to suspension or dismissal from the program at the discretion of the program supervisor. The safety and enjoyment of everyone is our main concern.

Sunscreen Responsibilities

As the parent or guardian, I am responsible for:

- Applying sunscreen to my child before any program with extended outdoor activity. If sunscreen is not provided, the child will be asked to keep a shirt on and stay in the shade while at the pool.
- Educating my child about the importance of sunscreen and proper application.
- Supplying my child with spray-on sunscreen in the original container and labeled with my child's full name.



NORTHBROOK PARK DISTRICT
Leisure Services Division
PERMISSION TO DISPENSE ORAL MEDICATION
WAIVER AND RELEASE OF ALL CLAIMS

The Northbrook Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Oral Medication have been fully completed by a parent or guardian.

Participant Name: _____ Name of Program: _____
 Physician Name(s): _____ Phone: _____

Medication Information (One form per medication)

Name of Medication: _____

Dose: _____ Time of Day: _____

How is the medication taken? (Circle all that apply):

Whole **Chewed** **With Food** **With Water** **Other** (please specify): _____

Possible Side Effects: _____

I, _____ the parent/guardian of _____
 (Parent/Guardian Name) (Participant Name)

give permission to the staff of the Northbrook Park District to administer medication to my child. I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information. In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Northbrook Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the Northbrook Park District administering medication to my minor child, I do hereby fully release or discharge the Northbrook Park District, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Northbrook Park District, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication. The Northbrook Park District is not responsible for any medicine that remains after the completion of the program.

 Signature of Parent or Guardian Date

FORM



NORTHBROOK PARK DISTRICT
Leisure Services Division

ALLERGY ACTION PLAN

Participant Name: _____ Birth Date: _____ Program: _____

Allergy To: _____

Doctor: _____ Phone: _____

Asthmatic: Yes* [] No [] *Higher risk for severe reaction

STEP 1: TREATMENT

Reaction

Give Checked Medication

- List of reactions and corresponding medication checkboxes: Epinephrine, Antihistamine. Reactions include Throat*, Lung*, Heart*, Other*, Mouth, Skin, Gut, and If reaction is progressing.

*Potentially life-threatening.

Dosage: (Must also complete Oral Medication Dispensation Form and Waiver per Medication)

Epinephrine: Inject intramuscularly (circle one) EpiPen EpiPen Jr. Other _____

Antihistamine: Give: _____ (Medication/Dose/Route)

Other: Give: _____ (Medication/Dose/Route)

STEP 2: EMERGENCY CALLS

In the case of an allergic reaction that requires the administration of epinephrine by staff, the following response plan will be adhered to. Staff will:

- 1. Call 911 and state that an allergic reaction has occurred and been treated by administering the prescribed dose of Epinephrine.
2. Contact Parents/Guardians by calling the phone numbers listed on the participant information form.

I have filled out the Allergy Action Plan to the best of my ability with the current knowledge I have of this participant's allergy.

Parent/Guardian Signature _____ Date: _____

Doctor's Signature _____ Date: _____

(Required)

FORM