



**APPLICATION/RECORD OF CHILD INFORMATION**

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_  
Date Child Received \_\_\_\_\_ Date Child Left \_\_\_\_\_

**PARENT OR OTHER PERSONS(S) PLACING THE CHILD**

Name _____	Name _____
Relation to child _____	Relation to child _____
Home address _____	Home address _____
_____	_____
Phone Number _____	Phone Number _____
Place of employment _____	Place of employment _____
_____	_____
Address _____	Address _____
Phone Number _____	Phone Number _____
Working hours _____	Working hours _____

**OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED**

Name _____	Address _____
Phone Number _____	Relationship _____

**PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED**

Name _____	Address _____
Phone Number _____	Hospital or Clinic _____

**PROGRAM**

Days per week _____	Hours of care _____
Rate of pay (optional) _____	

\_\_\_\_\_  
Signature of parent or other person placing child

\_\_\_\_\_  
Signature of caregiver

\_\_\_\_\_  
Date

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services. Contact the Area Office for supplies of this form.

**EMAIL ADDRESS (ES) FOR COMMUNICATION REGARDING THIS CHILD**

**PERSONS AUTHORIZED TO PICK UP THIS CHILD (INDICATE RELATIONSHIP)**

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

I authorize Zion Buds of Promise Christian Academy to provide first aid treatment to my child in the case of an accident. I additionally authorize Zion Buds of Promise Christian Academy, in my absence, to call emergency city services (911), and have my child transported to the most appropriate medical facility, as well as, consent for medical treatment of my child at said facility. A staff person for the Zion Buds of Promise Christian Academy will accompany my child should he/she be transported to a medical facility. Zion Buds of Promise Christian Academy will notify parents/guardian immediately. As a parent/guardian, I will notify Zion Buds of Promise Christian Academy in writing of any changes in my address, employer, workdays and hours and respective phone numbers. I will also notify Zion Buds of Promise Christian Academy of any other changes in my child's student information.

I have received a copy of the Zion Buds of Promise Christian Academy Parent Handbook, Fundraiser Schedule and Guidance & Discipline Policy. I understand that Zion Buds of Promise Christian Academy is a religious based program, that religious instruction is apart of the curriculum and that all subject matter will be presented from a Christian perspective. I give consent for my child to go on walking trips through the neighborhood. I give consent for the program to photograph, videotape or film my child for promotional or security purposes. I give consent for my child to participate in prayer and in the religious instruction that is apart of Zion Buds of Promise Christian Academy's childcare program.

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_  
**Date**

If the child has any of the following, please explain:

Medical

problems \_\_\_\_\_

\_\_\_\_\_

–

Physical handicaps

\_\_\_\_\_

\_\_\_\_\_

–

Restrictions for play – outdoors

\_\_\_\_\_

\_\_\_\_\_

–

Restrictions for play – indoors

\_\_\_\_\_

\_\_\_\_\_

–

Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

–

Food

likes \_\_\_\_\_

\_\_\_\_\_

–

Food dislikes

\_\_\_\_\_

\_\_\_\_\_

–

Fears \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

–

Other information that will help in caring for the

child \_\_\_\_\_

\_\_\_\_\_

–

\_\_\_\_\_

**ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY**

# **Before/After School Care Departure/Arrival Policy**

Parents/guardians shall be legally responsible for making sure their school-aged children get to and from their schools safely.

Parents/guardians shall be legally responsible for selecting their school-aged children's walking routes from and to Zion Buds of Promise Christian Academy.

Parents/guardians shall be legally responsible for providing supervision that is appropriate to the student's age, maturity, and conditions that exist on the walk route.

Parents/guardians should direct walk route safety concerns to the association or law enforcement agency responsible for the specific location/area.

Plans for transporting school-aged children from and to before/after school care must be established and agreed upon in writing by parents/guardians, the school and Zion Buds of Promise Christian Academy.

Parents must sign a written consent allowing school-age children to be transported to another location or to their home where they are placed on their own supervision.

Transportation plans may include, but are not limited to:

- A) Children leaving the center to go to school;
- B) Children leaving school to go to the center; and
- C) Children leaving the center.

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Parent/Guardian Signature

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Parent/Guardian Signature

## **Hours of Operation and Late Pick-Up Policy**

Zion Buds of Promise Christian Academy operates Monday through Friday, unless otherwise posted. Our hours are 6:00 a.m. to 6:00 p.m. with the following start times:

- Before Care 6:00 a.m.
- Devotion 8:30 a.m.
- School Instruction 9:00 a.m.
- After Care 3:00 p.m.
- Extended Care 5:00 p.m. (or care that exceeds ten hours)

At 5:00 p.m. a \$25.00 per child Extended Care charge will be assessed.

At 5:15 p.m., calls will be made to others documented on authorized pick-up lists and there will be an additional per child late pick-up charge of \$1.00 for every minute your child/children remain at ZBOP past 5:15 p.m.

All late pick-up charges are due and payable upon pick-up and will not be added to account balances. Children will not be allowed continued ZBOP attendance until late pick-up fees have been paid. If late pick-ups continue, ZBOP will have no other choice but to discharge repeat offenders from our program.

At 5:30 p.m., if we have been unable to locate parents, authorized designates or emergency contacts, children who are still in our care will be transported to the Phoenix Police Department which is located one block south of our center at 625 East 151<sup>st</sup> Street, Phoenix, Illinois, 708-331- 2181. Parents will have to pick children up from the Phoenix Police Department and will be subject to the laws, policies and procedures associated with child abandonment situations.

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Parent/Guardian Signature

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Parent/Guardian Signature

## **Guidance and Discipline Policy**

Here at ZBOP, our philosophy is for each child to be nurtured in a non-threatening environment, which does not include the use of corporal punishment. Staff shall help ensure children develop self-control and assume responsibility for their own actions. Limits and consequences shall be clear and understandable to children, consistently enforced and explained to the child before and as part of any disciplinary action.

Firm positive statements about behaviors or redirection of behaviors shall be our goal. In circumstances where a child may need to be removed from the group to help a child gain control, it shall not exceed one minute per year of age. Removal from the group shall not be used for children less than 24 months of age.

Children shall not be disciplined for toilet accidents. Corporal punishment, including hitting, spanking, swatting, beating, shaking, pinching and other measures intended to induce physical pain or fear, any threatening or actual withdrawal of food, rest or use of the bathroom; abusive or profane language, or public or private humiliation, including threats of physical punishment or any form of emotional abuse, including shaming, rejecting, terrorizing or isolating a child will not be acceptable or tolerable.

Children shall have reasonable opportunity to resolve their own conflicts. Discipline shall be the responsibility of adults who have an ongoing relationship with the child.

Our goal here at ZBOP is to assure the success of each and every child. Therefore, should there be an issue to resolve, we will not only contact the parents, but we will work with the parents to develop an intervention plan. The center Director will monitor the implementation by staff and keep all parties apprised of the plan's progress.

In certain circumstances, where ZBOP has been unsuccessful in resolving the child's behavior, we will, as we will throughout this process, request assistance of the child's parents. Any program developed with the assistance of the parent will include Director, Staff and Parents monitoring the progress of this plan of action.

When efforts by ZBOP have been unsuccessful, a clinical behavior management plan may be developed to meet the needs of a particular child, if developed with the parent and a professional clinician. These efforts will be documented in the child's file, along with the appropriate consents. All staff working with the child shall receive training on implementing the plan.

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Parent/Guardian Signature

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Parent/Guardian Signature

# File Checklist

For ZBOP to care for your child(ren), the following items are required before they can begin school. Go through the checklist and make sure you have the required documents and fees.

→ Summer Camp Application

→ Food Program Annual Application

→ Summary of Licensing Standards

→ Registration Fee (\$50 per child)

→ Student Information Form

→ Policy Form

→ Medical Form

→ Birth Certificate

ZBOP is regulated by the Department of Children and Family Services and the state of Illinois to have required items on file. We are cited for not being in compliance when monitors arrive unannounced and find incomplete student records.

Please provide these items a **week before** planned start date to avoid attendance interruptions.