



# TRINITY CHRISTIAN NURSERY SCHOOL

300 South Ardmore Avenue  
Villa Park, Illinois 60181  
(630) 833-1080  
[directortcns@trinityvp.com](mailto:directortcns@trinityvp.com)

WELCOME TO OUR PRESCHOOL!

Dear Parents, New Students, & Returning Families:

Welcome to our Preschool Program. With all the options available to you, we are honored that our program was chosen. In just a few short months, our preschool year will be starting up. Enclosed you will find basic information about the school year, school supplies, forms to complete, and a tuition schedule. If you registered by May 1<sup>st</sup>, your \$50 credit voucher is also enclosed. It may be used towards your first tuition payment, due August 15th. If you have any questions about tuition, please contact our bookkeeper at [tcnbookkeeper@yahoo.com](mailto:tcnbookkeeper@yahoo.com). If you have any matters concerning classes, please contact our director at [directortcns@trinityvp.com](mailto:directortcns@trinityvp.com) or call 630-833-1080.

## Here are some important dates:

**August 31st (6-8pm)**

**or Sept 1st (9-noon) Meet the Teacher-** watch for an email mid-August with more information

The following should be turned in at this time:

- Birth Certificate (copy)
- Physical/State Health Form with proof of vaccinations
- School Supplies (see enclosed list)
- Completed Registration packet which includes:
  - Application/Record of child information
  - Child pickup
  - Drop off/Pick up procedures/ Late pick up policies
  - About your child and family
  - Consents to day care providers/ emergency medical/ administration prescription and over the counter medicine
  - TCNS emergency care
  - Immunizations/ Trips and excursions/ Photo Release
  - Guidance and discipline/ Walking trip permission
  - Lead Water testing/Pest control policy/ Religious Education
  - DCFS Licensing Standards Consent (**sign and turn in last page**)
- Also, your **registration fee** and **September tuition payment** should be paid before or at this point.

**September 4th**

**Labor Day-No School**

## September 5<sup>th</sup>-10<sup>th</sup> First Week of School

- **Meet the Teacher** are Aug 31st and Sept. 1st. **Our regular school schedule starts** after Labor Day. Our school year begins Sept 5th and ends May 22nd.
- **Health Forms:** Don't forget to make those appointments for the back-to-school physical. **Your child will not be able to begin school without a completed Health Form on file.** Health forms are valid for 2 years so if you are a returning student you *MAY NOT* need to turn in another form. Your doctor should provide an acceptable form, or you can download a form at [trinitylutheranVP.com](http://trinitylutheranVP.com)
- **Openings:** We still have a few openings in our classes. Please spread the word to your neighbors and friends if they are still looking for a preschool for their child.

### Tuition Payments are due as follows:

Aug. 15:	Payment #1 (September tuition)
Sept. 15:	Payment #2 (October tuition)
Oct. 15:	Payment #3 (November tuition)
Nov. 15:	Payment #4 (December tuition)
Dec. 15:	Payment #5 (January tuition)
Jan. 15:	Payment #6 (February tuition)
Feb. 15:	Payment #7 (March tuition)
Mar. 15:	Payment #8 (April tuition)
Apr. 15:	Payment #9 (May tuition. Final payment)

### Tuition Rates:

Pre-K/Five mornings:	\$330 per month
Pre-K/Three mornings: (3 hours/day)	\$290 per month
Preschool/Five mornings:	\$330 per month
Preschool/Three mornings:	\$290 per month

We offer an autopay option **at no additional cost to you**. If you wish to make payments by automatic withdrawal from the bank or by using a credit or debit card, please complete and return the enclosed form. If you have previously used auto pay and no information has changed, just email the bookkeeper that you wish to continue auto pay and that all information is the same as last year. Please leave a message for our Bookkeeper, Gloria Marchewka at [tcnsbookkeeper@yahoo.com](mailto:tcnsbookkeeper@yahoo.com) with any questions or concerns.

If you would like any additional information, please call the school at (630) 833-1080.

In God's Love,

TCNS Board of Directors

**APPLICATION/RECORD OF CHILD INFORMATION**

**Name of Child** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Address** \_\_\_\_\_

**PARENT OR OTHER PERSON(S) PLACING THE CHILD IN PROGRAM**

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Relation to child** \_\_\_\_\_

**Relation to child** \_\_\_\_\_

**Home address** \_\_\_\_\_

**Home address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Cell Number** \_\_\_\_\_

**Cell Number**

**Place of Employment** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_

**Address** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Working Hours** \_\_\_\_\_

**Working Hours** \_\_\_\_\_

**CHILD PICKUP- To pick up my child when I/We are unavailable.**

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

You must provide at least 2 people who, in addition to the parents, are authorized to pick up your child. These people must live/work close enough to TCNS that they can pick up within a 20-minute period if necessary.

I/we  
authorize \_\_\_\_\_

**Name**

**Address**

**Phone**

And/or \_\_\_\_\_

**Name**

**Address**

**Phone**

And/or \_\_\_\_\_

**Name**

**Address**

**Phone**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child/Cell phone #

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child/Cell phone #



## TRINITY CHRISTIAN NURSERY SCHOOL CLASS TIMES, LATE PICK UP FEES, & POLICIES

The Department of Children & Family Services (DCFS) now requires that **both** parents/guardians read & sign a copy of our class times & mandated late pick up policies and fines.

### **Class times are as follows:**

Pre-Kindergarten Classes-9AM-12 Noon

Pre-School Classes-9am-12 Noon

### **DROP OFF & PICK UP PROCEDURES: Please note that procedures are subject to change.**

**All** drop offs will occur at the Nursery School doors. The doors will open at 8:55. Pre-K and preschool classes will enter through the door on School Street. There will be a TCNS employee at the door to assist with the daily check-in process.

We ask for your help in being prompt when you drop off your child. The door will be locked at 9:10AM. In order to start the morning and meet all staffing needs, any drop off after that time must be pre-approved by the director. Pre-K and Preschool pick up will occur at the doors on School Street at 12:00 unless otherwise notified.

**LATE PICK UP FEES & POLICIES:** If you are running late, **text** the school at 630-833-1080 immediately to let us know. Older siblings must be 18 or older to pick up students. We will start calling your emergency contacts fifteen minutes after class ends, if no one has arrived to pick up your child at that time. We will start at the top of your contact list and try up to 4 different numbers. Please make sure the contacts listed are in the area and can be at the school within 15-20 minutes. We must be able to speak to someone and know they are on route to pick up the child within 1 hour of the first emergency contact call. If that time passes, and we still have not had any contact with anyone, the Villa Park Police will be contacted, per DCFS standards, to help prevent child abandonment. Your child will be with the teachers at all times. Your child will be reassured, kept safe, and allowed to play while waiting. A late pickup will in no way be reflected on your child at any time. Late fees will be applied as described in the parent handbook.

We have read the above information regarding class times, late pick up fees & policies. We understand these policies and agree to the terms listed above.

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**ABOUT YOUR CHILD AND FAMILY**

Marital status of parents:      married      divorced      single      other

Persons or agencies having legal custody: \_\_\_\_\_

Special instructions regarding child custody: \_\_\_\_\_

Persons NOT authorized to pick up child: \_\_\_\_\_

\_\_\_\_\_

*Note: Appropriate documentation such as divorce decree will be attached if a parent is not authorized to pick up the child*

Who lives in the household with your child? \_\_\_\_\_

\_\_\_\_\_

Brothers/Sisters

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____

Does your child have a pet? If so, what type and name? \_\_\_\_\_

\_\_\_\_\_

Does your child have a nickname? \_\_\_\_\_

What name would you like your child to learn to write at school? \_\_\_\_\_

What address and phone number would you like your child to work on learning at school? \_\_\_\_\_

\_\_\_\_\_

If you are a member of a church:

Name of Church \_\_\_\_\_ Denomination \_\_\_\_\_

What elementary School will your child attend? \_\_\_\_\_ District \_\_\_\_\_

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

Restrictions for play-outdoors \_\_\_\_\_

\_\_\_\_\_

Restrictions for play-indoors \_\_\_\_\_

Food likes \_\_\_\_\_

Food dislikes \_\_\_\_\_

Any known food allergies \_\_\_\_\_

Fears \_\_\_\_\_

Does the child take a nap? \_\_\_\_\_ Time \_\_\_\_\_ Length \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Diaper changes: Powder \_\_\_\_\_ Ointment \_\_\_\_\_

Does the child have special names for objects? (potty, cookies, drinks, etc.)

\_\_\_\_\_

Handedness(please circle)      Lefty              Righty              Unknown

How do you hope Trinity Christian Nursery School will benefit your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information that will help in caring for your child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

State of Illinois  
Department of Children and Family Services

**CONSENTS TO DAY CARE PROVIDERS**

NAME OF CHILD \_\_\_\_\_

THESE CONTENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.  
Parent(s) or legal guardian placing the child may sign any or all of the following consents:

**EMERGENCY MEDICAL CARE**

This authorizes Trinity Christian Nursery School to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.

\_\_\_\_\_ is the preferred doctor/clinic/hospital.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child/Cell phone #

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child/Cell phone #

**ADMINISTER PRESCRIPTION MEDICINE**

I/we authorize Trinity Christian Nursery School to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

**ADMINISTER OVER-THE-COUNTER MEDICINE**

(Administer only in accord with the appropriate standards for licensure)

I/we authorize Trinity Christian Nursery School to administer over-the-counter medicine to my/our child as specified in written instructions.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian



**TRINITY CHRISTIAN NURSERY SCHOOL  
EMERGENCY CARE**

CHILD'S NAME: \_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_

In the event of an emergency medical situation, I hereby give consent to Trinity Christian Nursery School Staff members to provide first aid and/or emergency care/treatment for my child at the nearest Emergency Medical Center of Hospital (Elmhurst Memorial Hospital).

By signing this consent form, I also agree to pay any costs and fees incurred to all parties providing the emergency medical care.

My child has the following medical conditions or allergies:

\_\_\_\_\_

My child takes the following medications/dosage on a regular basis:

\_\_\_\_\_

My child will have prescription medication left at Trinity Christian Nursery School? Yes      No

**\* DCFS REQUIRES ALL MEDICATIONS BE IN ORIGINAL CONTAINER WITH FULL PHARMACY LABEL AND A MEDICINE ADMINISTRATION FORM (OBTAINED FROM THE DIRECTOR) MUST BE ON FILE.**

Doctor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

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

Phone number(s) where you can be reached during your child's class time:

\_\_\_\_\_

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

Phone number(s) where you can be reached during your child's class time:

\_\_\_\_\_

## IMMUNIZATIONS- EXEMPTIONS

In accordance with the Child Care Act, no student is required to have an immunization/examination that is contrary to the religious beliefs of his/her parent or legal guardian. However, not following vaccination recommendations may endanger the health or life of the unvaccinated student, others with whom they come in contact, and individuals in the community. In a disease outbreak, or after exposure to any of the diseases for which immunization is required, TCNS may exclude children who are not vaccinated in order to protect all students. No financial accommodations will be made for days missed due to a family choosing not to vaccinate their child. Personal (non-religious) belief is not an accepted reason to exempt a child from vaccinations.

**\*If your child is not FULLY vaccinated, please notify the director to obtain an exemption form to be completed and signed by both the parents and their physician. This form must be turned in before the first day of school.**

I have read and understand the above policy:

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize Trinity Christian Nursery School to take my/our child on walking field trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand that all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

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

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

## PHOTO RELEASE FORM

\_\_\_\_\_ I hereby grant permission for Trinity Christian Nursery School to take pictures and utilize my child's photograph for the purpose of promoting and sharing the activities of the preschool on bulletin boards, photo albums, Trinity's website: [www.trinitylutheranvp.com/](http://www.trinitylutheranvp.com/), and on the Trinity Christian Nursery School Facebook page.

**\*All of your child's information will be kept confidential**

\_\_\_\_\_ I do not grant permission for my child's picture to be taken for these purposes.

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## TRINITY CHRISTIAN NURSERY SCHOOL GUIDANCE AND DISCIPLINE POLICY

A great deal of time is taken in the beginning of the year by the teachers to teach the child limits they will work within at school. Teachers discuss these rules with the children:

1. Children walk
2. Children use quiet voices
3. Children share toys
4. Children keep hands & feet to themselves
5. Children treat friends and adults with respect
6. Children sit quietly with the group at circle time
7. Children help clean-up

Children who don't obey the classroom rules will be reminded. When deemed necessary, a redirection may be needed to transition into a new activity. If no improvement in behavior is noticed, the child may be directed to spend time in the classroom's calm down area, away from the rest of the children, for a short period of time or until the child feels calmed enough to rejoin the class. Behavior will be discussed with the individual's parent and a behavior strategy may be set in place. Teacher and parent shall work out a plan to promote positive behavior and will try to come up with a solution. A child's enrollment in the nursery school may be terminated if unacceptable behaviors persist. Further detailed Expulsion Prevention Procedures can be found in the parent handbook.

I have read the above policy and the Expulsion Prevention Procedures in the Parent Handbook

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## WALKING FIELD TRIP PERMISSION SLIP

I hereby give my permission for my child, \_\_\_\_\_, to participate in the walking field trips around Villa Park with the Trinity Christian Nursery School for the 2023-2024 school year.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**LEAD WATER TESTING**

Trinity Christian Nursery School has complied with the mandated testing of all drinking water sources within the nursery school. The results of the testing came back at levels within the acceptable range of below 2.01ppb and therefore no mitigation is necessary for safe drinking water. The results, as well as a list of the water sources tested, is posted in the pre-kindergarten classroom and available upon request.

By signing this document, I am aware of the DCFS and Health Department’s mandated test and access to the results  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TCNS Pest Control Policy**

A.G.A.D. Pest Control will be here on the 3rd Wednesday of every month at 12 pm to inspect & treat for "pests."

Treatment Used

Tempria Sc: .075% # 432-1483

Advion Ant gel: .02% # 352-746

By signing this document, I am aware of the DCFS and Health Department’s mandated Pest Control Policy.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELIGIOUS EDUCATION**

Trinity Christian Nursery School is a faith-based program. Our curriculum will include Christian instruction as outlined in our parent handbook.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_