



Monday, June 27, 2025

Dear Families,

It's that time of year again! It is time to complete registration for the after-school program! Following a very busy summer at Northminster we are preparing to get ready for after-school students. We are very excited to provide a great after school program for our children and families.

### **Completing Registration**

All the forms you will need to complete enrollment are attached. In addition, we need to copy your certified birth certificate and have your school physical form if they are not on file. Please refer to the list below:

Forms to Return:

1. \_\_\_ **Enrollment Form**
2. \_\_\_ **Handbook Agreement** (handbook is found at [northminster.us](http://northminster.us))
3. \_\_\_ **Guidance Policy** (found in the packet)
4. \_\_\_ **Transportation Consent** (found in the packet)
5. \_\_\_ Return signed copy DCFS **Verification of Receipt** (found in the packet) -DCFS standards may be found on our website
6. \_\_\_ **Consent for Text Messaging** (found in packet)
7. \_\_\_ Children new to the program will need to include a copy of your child's last **school physical** with immunization records, TB screening and lead screening
8. \_\_\_ If you are new to the program, we need your child's **certified birth certificate**.
9. \_\_\_ \$75 family **registration fee** (Good from Sept.-Aug.)
10. \_\_\_ Complete **EFT** (Electronic Funds Transfer) form for August Pro-rated payment

**Your after-school enrollment is due to the Northminster Learning Center office by Friday, August 1st.** When you return your enrollment packet, you should include your registration fee of \$75 per family or we will bill it in August. **The August tuition will be paid around the 15th of August through EFT and then September's will be billed around the 15th of September.**

### **Calendar**

First Day of School beginning Wednesday, August 13th: Regular After Care (3:00-5:30 pm)

After School Care: \$90.00 per week for full-time students  
(This includes early release on Wednesdays and about ten holidays)

\$ 22.00 per day for part-time students  
\$ 38.00 for holiday camp if you are part-time  
\$ 27.00 for half day (SIP days) if you are part-time

## Programming Updates

During the 2025-26 school year, Dunlap District #323 will be continuing early release on Wednesday afternoons to make time for professional learning communities. Please be assured that Northminster will be ready to accommodate this schedule.

Currently we bus from Banner and Hickory Grove. We have worked out a contract with the district and have agreed to pay them to bus children here. Northminster has agreed to pay part of this expense along with the parents. The bussing fees are:

\$30 per month for 5 days a week  
\$25 per month for 4 days a week  
\$20 per month for 3 days a week  
\$15 per month for 2 days a week  
\$10 per month for 1 day a week  
\$10 per month for 3-7 days a month

If you have any questions, please call me at the church. We are looking forward to a great year!

Sincerely,

*Michelle L. Lundquist*

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Michelle Lundquist, Director  
Jessica Stanton, Associate Director  
Northminster Learning Center  
10720 N. Knoxville Avenue  
Peoria, IL 61615  
309-691-6322 Phone  
309-691-6031 Fax  
michellel@northminster.us  
jessicas@northminster.us



## Enrollment Form

Office Use Only:

Start date \_\_\_\_\_

Fee Rcd. \_\_\_\_\_

Date \_\_\_\_\_

Program of Enrollment:

\_\_\_\_ Curiosity Corner \_\_\_\_ Discovery Preschool \_\_\_\_ Full Day Discovery Preschool

\_\_\_\_ Kindergarten \_\_\_\_ Afterschool Program \_\_\_\_ Holiday Camp

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

Nickname (if any) \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Child lives with \_\_\_\_\_

1<sup>st</sup> Parent Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

2<sup>nd</sup> Parent Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address (if different than above) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Legal Guardian (if other than parent) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## AUTHORIZED PEOPLE THAT MAY PICK UP CHILD

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Is there anyone who is specifically **NOT** authorized to remove your child from our care?

Name\_\_\_\_\_ Relationship\_\_\_\_\_

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

## Medical Information

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Insurance & Policy # \_\_\_\_\_

Preferred Hospital if any \_\_\_\_\_

Does your child have any special medical needs/concerns? No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_

Is your child on any medications? No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_

Does your child have any food allergies or diet restrictions? No \_\_\_\_\_ Yes \_\_\_\_\_

\_\_\_\_\_

Is your child a vegetarian (does not eat some sort of meat)? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, what can your child **not** eat? Beef\_\_\_\_Pork\_\_\_\_Chicken\_\_\_\_Other\_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

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

## EMERGENCY CONTACT, when parent cannot be reached:

Name \_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Relationship \_\_\_\_\_

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

# Consent Form

Child's Name \_\_\_\_\_  
Last First M.I.

## **Emergency Medical Care**

In case of emergency medical or first aid care, treatment of illness or accident, I hereby consent to Northminster Learning Center to provide emergency medical care, through a hospital, clinic, and physician or by Northminster Learning Center staff.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
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## **Permission for Trips and Excursions**

I hereby give consent to Northminster Learning Center for my child to participate in special excursions to places of interest, with the understanding that such trips are under supervision of authorized personnel of the program, and that all possible precautions will be taken to ensure the health and safety of my child. In the event there is a field trip off the premises, you will have prior notice.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
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## **Photographs/Internet**

Northminster Learning Center has my permission to use my child's likeness in photographs, film, video, & NLC's Social Media pages, and the internet for publicity purposes, advertising or for display in the church. I understand that my child's likeness or work **will not** be labeled with his/her full name.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
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## **Artwork/Projects**

I hereby give consent to Northminster Learning Center to place my child's artwork/projects in photographs, film, video, & NLC's Social Media pages. I understand the child's first name & age may be included.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
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## **Payment of Fees**

All fees are due on the 15<sup>th</sup> of the month when your tuition will be paid through EFT. Your payment will be transferred from your bank account or to your credit card. If funds are not available in your bank account, a \$25 late fee will be assessed. In the event you fail to pay all charges due within 60 days of our written notice and we must enforce our rights to collect unpaid fees, you must pay all charges, including collection agency fees, attorney fees, court costs, court reporter's fees for depositions and at trial, and others expenses we incur in enforcing our rights. **During the school year programming, you are responsible for tuition fees even when you choose not to send your child (ex. family vacation, illness etc.)**

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

## 2025-26 Program Selection Sheet

**Curiosity Corner** (\$210/month for 2 days a week or \$230/month for 3 days a week)

Please Mark: ☐ Monday/Tuesday Session ☐ Wednesday/Thursday Session

☐ Monday/Tuesday/Friday Session ☐ Wednesday/Thursday/Friday Session

**Discovery Preschool** Please Mark: ☐ AM Session ☐ PM Session

Age on Sept. 1, 2025: ☐ 3-year-old preschool student ☐ 4-year-old preschool student

Days of Attendance:

☐ 3-day program Tuesday, Wednesday, Thursday (\$230/month) PM only

☐ 4-day program Monday-Thursday (\$250/month)

☐ 5-day program Monday-Friday (\$261/month)

☐ Before School Care 7:30-8:30 (Additional \$60/month)

☐ After School Care 3:15- 5:30 p.m. (Additional \$272/month or \$20/day)

**Full Day Discovery Preschool** Please mark all that apply.

☐ Regular School schedule 8:00-3:00 (\$625/month)

☐ Before School Care 7:30 a.m. (Additional \$31/month)

☐ After School Care 3:00- 5:30 p.m. (Additional \$272/month or \$20/day)

**Kindergarten** Please mark all that apply.

☐ Regular School schedule 8:00-3:00 (\$625/month)

☐ Before School Care 7:30 a.m. (Additional \$31/month)

☐ After School Care 3:00- 5:30 p.m. (Additional \$272/month or \$20/day)

**After School Program/Holiday Camp**

☐ Full-time (\$90/week) ☐ Part-time (\$22/day) Days of Attendance: M T W TH F

☐ Holiday Camp only (\$38.00/day & \$27 for 1/2-day holiday camps)

Child's School: ☐ Banner ☐ Hickory Grove

Grade: ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th

**First Week of School Plan: Please mark if your child will attend/begin.**

☐ My child will start Wednesday, Aug.14th for Regular After Care (3:00-5:30 pm)

Special Start Date \_\_\_\_\_

Comments:

# Guidance Policy

Please read the following policy regarding guidance and behavior. If you agree to the policy, please date and sign the bottom of the form. This form must be included in your child's enrollment forms.

## Guidance Procedures

Northminster Learning Center's philosophy in addition to the laws of the state of Illinois prohibits physical punishment. We positively guide children's behavior by creating a supportive environment that:

- Focuses on children's strengths.
- Encourages adults to form positive, authentic relationships with children.
- Makes a commitment to supporting child's play.
- Offers plenty of opportunity for children to make meaningful choices.
- Uses re-direction as a guidance technique.
- At times, ignores inappropriate behavior.
- Has a consistent, yet flexible daily schedule.
- Provides for both active and quiet times.
- Uses positive key phrases to guide children's behavior.
- Offers respectful reminders.
- Acknowledges each child's developmental stage.
- Adopts a problem-solving approach to conflict.
- Has age-appropriate expectations.
- Allows expression of feelings and emotions.

We have chosen a few simple rules.

1. Follow safety rules.
2. Listen to your teachers.
3. Help others.

Children are entitled to a pleasant and safe environment in their classroom at Northminster Learning Center. When a child persistently exhibits negative behaviors or functions at a significantly lower developmental level than most children, the environment, schedule, or activity level of the classroom may be a challenge and Northminster Learning Center may not be the best educational placement for the student. All children at Northminster, preschool and above, are involved in the Second Step program that teaches identifying emotions, problem solving skills, and social emotional support. Teachers are also given training on Trauma and other childhood behaviors.

In order to best serve all children, Northminster Learning Center cannot serve children who display chronically disruptive behavior or children who have been determined to be significantly delayed developmentally. Chronically disruptive behavior is defined as verbal or physical activity which may include but is not limited to such behavior that: requires constant attention from the staff, inflicts physical or emotional harm on other children, abuses the staff, ignores or disobeys the rules which guide behavior during the school day and program time. Teachers will document these behaviors with a date and description of the situation.

When a child is demonstrating these kinds of behaviors, the parents will be informed to discuss possible solutions to the problem. We will give them information on having a developmental screening in their district and help them get in contact with the appropriate people and services. If it is determined that a different classroom environment would be more appropriate, we will write a behavior transition plan with the parents to be able to smoothly transition the child to a more appropriate environment.

Parent Name: \_\_\_\_\_

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

Student Name: \_\_\_\_\_



Agreement to Abide by the **After School Handbook**

I have received, read, and understand the 2025-2026 program handbook for After School at Northminster Learning Center and agree to abide by the policies and procedures. I agree to follow the policies regarding payment, absence, and illness. I am aware of the birth certificate and school physical requirement. The handbook can be found on our website, [northminster.us](http://northminster.us), or you may pick up a copy from the office.

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Northminster Learning Center  
10720 N. Knoxville  
Peoria, IL 61615





### 2025-26 Transportation from School Consent Form

My child, \_\_\_\_\_, age \_\_\_\_ will be riding the bus from \_\_\_\_\_ Grade School when school is over. The school has been informed of this arrangement. I have been informed that Northminster Learning Center's responsibility does not begin until my child is on the church premises. If there is a change in this plan, I will inform a staff member of Northminster Learning Center. I also agree to pay the fees for bussing my child to Northminster as stated below:

\$30 per month for 5 days a week

\$25 per month for 4 days a week

\$20 per month for 3 days a week

\$15 per month for 2 days a week

\$10 per month for 1 day a week

\$10 per month for 3-7 days per month

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

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

Northminster Learning Center  
10720 N. Knoxville Ave.  
Peoria, IL 61615  
Phone: (309) 691-6322  
Fax: (309) 691-6031  
E-mail: michellel@northminster.us

Licensing Standards may be found on our website, [northminster.us](http://northminster.us).

CFS 581  
Rev. 12/2000

Illinois Department of Children and Family Services

## **VERIFICATION OF RECEIPT**

I/WE, \_\_\_\_\_

Please Print Name(s)

hereby certify that I/we have parent(s) of:

\_\_\_\_\_

Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services in the Northminster Learning Center enrollment packet.

Signature of Parent (s) \_\_\_\_\_

Date \_\_\_\_\_

**THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.**

CFS 581



## Consent for Text Messaging from Procure Software

I hereby give consent to Northminster Learning Center to send text messages to me from the Procure Software Program. This service will be for emergency notifications and school-wide notices. I understand that messaging and data rates may apply because of receiving text messages and that I am responsible for charges incurred.

**Name(s) of Child(ren)** \_\_\_\_\_  
\_\_\_\_\_

**Parent Name(s)- (Please Print)** \_\_\_\_\_  
\_\_\_\_\_

**Name of Phone Service Provider:** \_\_\_\_\_

**10 Digit Phone number(s) to receive messages:** \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*Service provider information is required because these messages go out from an email and are converted to a text. The system needs to know what cell phone tower to send it to.

# Automated Payment Processing

Safe. Convenient. Easy.

Child's name \_\_\_\_\_



We are excited to offer the safety, convenience, and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) Northminster Learning Center, Peoria, IL to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types. \* To cover the cost that Procure charges us to use debit/credit card, we will need to bill your account 3% of the tuition account each month. \*

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date	CCV	
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/>	Checking <input type="checkbox"/> Savings
Authorized Signature	Date		

Your Name  
Any Street, Anytown  
Tel: (001) 555-0000

DATE

0001

PAY TO THE ORDER OF **ATTACH VOIDED CHECK HERE**

**DEPOSIT SLIPS NOT ACCEPTED**

**Savings Bank**  
Any Street, Anytown  
Tel: (001) 555-5555

\$

100 DOLLARS

Security features Included. Details on back.

RE

MP

123456789

000123456789

0001

ROUTING  
NUMBER

ACCOUNT  
NUMBER

CHECK  
NUMBER

#### FOR OFFICIAL USE ONLY

Date Received

Employee Signature

800.338.3884 •  
procaresoftware.com