



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 _____

1st Parent Contact Name _____ Relationship _____

Street Address _____

City/State/Zip _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Email Address _____

2nd 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 _____
=====

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 insure 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 _____
=====

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 _____
=====

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 _____
=====

Payment of Fees

All fees are due on the 15th 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.13th 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.

Due to the fact that these children are very young, 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 through 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 **Early Childhood Handbook**

I have received, read, and understand the 2025-2026 program handbook for Discovery Preschool & Curiosity Corner 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, or you may pick up a copy in the office.

Student Name _____

Parent Name _____

Date _____

Northminster Learning Center
10720 N. Knoxville
Peoria, IL 61615

Licensing Standards may be found on our website, 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

0001

DATE _____

PAY TO THE ORDER OF **ATTACH VOIDED CHECK HERE**
DEPOSIT SLIPS NOT ACCEPTED

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

Security Features
Indicated
Details on back.

MP

123456789

000123456789

0001

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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