



NEW STUDENT REGISTRATION REGISTRATION CHECKLIST 2018-2019

Print and complete the Registration Packet. (**Note:** *One packet per family enrolling preschool students only; Charter School students to be enrolled on Charter School packet.*) Sign where indicated and deliver registration paperwork, required tuition deposit and supporting documentation to Mrs. Dana Pederson, Admissions Director, in the Yellow School Office to secure your student(s) seat(s). Enrollments are ongoing and taken on a first-come, first-served basis into any open seats. If there are no open seats available, your student(s) will be waitlisted to the program of your choice.

You will also need to complete the D300 New Student Online Application in order to enroll your student(s). In March, you will be alerted when you can complete the D300 online application.

A complete registration packet includes the completed and signed registration packet along with the following supporting documents:

1. Copy of Birth Certificate(s)
2. Required Residency Documents:
(**Note:** *While Cambridge Lakes Preschool is private and enrollment accepted regardless of residency within District 300, the following documents are required as part of the Student Information System data collection.*)

Requirements for Homeowners: (**ONE** document from the following list is required)

- Most recent real estate tax bill
- Closing Statement
- Mortgage documentation
- Closing disclosure/HUD-1

Requirements for Renters: (**TWO** documents will be required)

- Current lease signed and dated by landlord and **ONE** document from the following list:
 - Utility Bill
 - Home or apartment insurance certificate
 - State of Illinois automobile registration
 - Receipt for city vehicle sticker
 - Cable television or home internet bill
 - Bank Statement
 - Pay stub
 - Medical billing statement

3. Applicable Tuition Deposit

For more information regarding Student and Family Privacy Rights forms, please contact Mrs. Dana Pederson at 847.464.4100.



HEALTH REQUIREMENTS:

All students must be up-to-date with the State of Illinois' physical examination and immunization requirements. **Students will be excluded from school per State regulations until all required health information is on file.** All forms must be submitted to the Nurse's office prior to August 15th to ensure students can begin school on the first day of attendance for the 2018-2019 school year. To speak with the nurse, please call the health office at (847) 464-0320.

Per D300 guidance:

PHYSICAL REQUIREMENT:

All students entering Early Childhood are required to have a current physical examination completed on the approved Illinois Department of Public Health Form. A current physical is one that was completed within one year of August 2018. A sport physical does not meet the requirement. The parent portion on the upper back side of the form must be completed and signed.

All early childhood students must be up-to-date with the State of Illinois immunization requirements including the following:

- DPT/DTaP 4 doses (including 1 booster)
- IPV/OPV 3 doses (including 1 booster)
- Varicella 1 dose after 12 months OR proof of immunity
- MMR 1 dose after 12 months
- Hepatitis B 3 doses (at appropriate intervals)
- Hib 1 dose after 15 months
- Pneumococcal 1 dose (if did not receive primary series of vaccine)

Immunization dates can be viewed through the Parent Infinite Campus Portal.

All Transfer students are required to submit current health records prior to beginning classes at Cambridge Lakes Preschool.

****Cambridge Lakes Preschool provides a safe and healthy environment for all students and strictly adheres to the requirements of School Code of Illinois, 105ILCS 5/27-8.1. Illinois School Law states that a child will be excluded from school and receive an unexcused absence, until the required forms are marked, signed and delivered. *Please contact your medical providers now and schedule the required appointments to complete the exam and deliver the completed form before August 15th.***

Date: _____

Date: _____

Printed Parent/Guardian Name

Printed Parent/Guardian Name

Signature of Parent/Guardian

Signature of Parent/Guardian



2018-2019 New Student Registration

To secure a seat for a student – deliver the appropriate tuition deposit along with this completed registration packet and supporting documents. The tuition deposit is **NON-REFUNDABLE**.

PRIMARY PARENT/GUARDIAN

First _____ Last _____
Address _____
Cell Phone _____
Email _____

SECONDARY PARENT/GUARDIAN

First _____ Last _____
Address _____
Cell Phone _____
Email _____

STUDENT LEGAL NAME	AGE IN 2018-2019	DATE OF BIRTH	GENDER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Legal Custody Issues - Attach a copy of the custodial documents (if available).

If divorced, please list custodial parent: _____

If the custodial parent cannot be reached, may the school contact the non-custodial parent? ____ Yes ____ No

Non-Custodial Parent Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Has Your Child Received Special Accommodations?

Special class or program that this child has participated in (IEP, 504, Bilingual, Dual Language):

Has this/these child(ren) or any other child in the family attended a District 300 school before?

This/these child(ren): ____ Yes ____ No

Other Children: ____ Yes ____ No

Date: _____

Date: _____

Printed Parent/Guardian Name

Printed Parent/Guardian Name

Signature of Parent/Guardian

Signature of Parent/Guardian



2018-2019 Tuition Rates

Tuition rates are indicated below. A 50% deposit of the first month's tuition is due upon delivery of this packet.

STUDENT LEGAL NAME

DATE OF BIRTH

Program <i>Age Requirements: Half-Day: Must be 3 years by 9/30 Full-Day: Must be 4 years by 12/31</i>	# of Students	Monthly Tuition <i>(Per Student; 10% monthly discount for second and subsequent preschool student from same household)</i>	50% Deposit Due at Time of Registration	Balance of 1st Month's Tuition Due by 7/31	Full Year Payment Option <i>(pay full year by 10/1 to receive 10% discount); Yes/NO?</i>
5-Day Half-Day AM M-F (8:00-11:00 am)		\$350.00	\$175.00	\$175.00	
5-Day Half Day PM M-F (12:30-3:30 pm)		\$350.00	\$175.00	\$175.00	
3-Day Half Day AM M,W,F (8:00-11:00 am)		\$245.00	\$122.50	\$122.50	
3-Day Half Day PM M,W,F (12:30-3:30 pm)		\$245.00	\$122.50	\$122.50	
2-Day Half-Day AM T, TH (8:00-11:00 am)		\$175.00	\$87.50	\$87.50	
2-Day Half-Day PM T, TH (12:30-3:30 pm)		\$175.00	\$87.50	\$87.50	
5-Day 4 Year-old Full Day M-F (8:00 am-3:30 pm) <i>Includes hot lunch and after-care (as needed) from 3:30-5:00 p.m.</i>		\$795.00	\$397.50	\$397.50	
5-Day 3 Year-old Full Day M-F (8:00 am-3:30 pm) <i>Includes hot lunch</i>		\$795.00	\$397.50	\$397.50	
TOTAL		\$	\$	\$	

I/We understand that the Tuition Deposit is **NON-REFUNDABLE**. The deposit underwrites student set up costs and secures my student(s) seats for the 2018-2019 school year. I agree to pay the balance due by July 31st.

Printed Parent/Guardian Name

Printed Parent/Guardian Name

Signature of Parent/Guardian

Signature of Parent/Guardian

Billing Address of Payee

Billing Address of Payee

Date

Date

Payment of the Tuition Deposit Received by:

Cash _____ Check # _____ Credit Card # _____ Expiration Date (MM/YY) _____ CVV _____



Parent/Guardian Consent to Release Student Records

Complete one form per student

Requesting Records Form:

School Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Student's Legal Name _____ Date of Birth _____

Please release to **Cambridge Lakes Preschool** the records and information which is listed below for the named student:

- Identifying information, academic transcripts, attendance records, records of release of permanent record information, accident/health records.
- Family background information.
- Disciplinary information.
- Teacher anecdotal information.
- Verified reports from non-school persons/agencies.
- Special Learning Services file including all Case Study components, IEP's, Speech Therapy Reports and MDC Reports.
- Psychological Evaluations.
- Social Work Reports.
- Verified reports from other school districts that are a part of the student's Special Learning Services file including psychological evaluations, social work reports and medical information.
- Verified reports from non-school persons/agencies that were a part of Special Learning Services decisions.
- Other.

Send Records To: Cambridge Lakes Preschool
 900 Wester Blvd.
 Pingree Grove, IL 60140
 Attention: Mrs. Dana Pederson, Admissions Director
 Phone: (847) 464-4100 or Fax: (847) 464-1768

Date: _____

Date: _____

Printed Parent/Guardian Name

Printed Parent/Guardian Name

Signature of Parent/Guardian

Signature of Parent/Guardian



Neighborhood Activities Release

I/we understand that Cambridge Lakes Preschool uses adjacent sports fields, playgrounds, and the abundant outdoor areas, (for instance, but not limited to, ponds, fields, and wetlands) for curricular and co-curricular activities.

I/we also understand that in each instance when students leave the school grounds they do so under the supervision of a school staff member or prescreened volunteers.

I/we would like our enrolled student(s) to participate fully in neighborhood activities. As parent(s) or legal guardian(s), I/we understand that we remain fully responsible legally for the acts and action of our student(s).

On behalf of my students and my family I hereby consent for my student(s) to participate in neighborhood activities and hereby release Cambridge Lakes Preschool and Northern Kane Educational Corp. from additional liability.

Date: _____

Date: _____

Printed Parent/Guardian Name

Printed Parent/Guardian Name

Signature of Parent/Guardian

Signature of Parent/Guardian