

July 7, 2025

Dear Families:

It is time to complete registration for kindergarten! We are so glad that you have chosen to join our program and look forward to a year filled with lots of learning! Mrs. Ritscher, our kindergarten teacher, will be contacting you in August to schedule a home visit. These home visits help the children feel more comfortable with their new teacher and help transition them into the kindergarten classroom. There will also be a visit day before school begins.

Completing Registration

All the forms you will need to complete registration are available at the Northminster Learning Center's website. To access them, go online and visit **www.northminster.us** Follow the links to download the forms you will need. Please refer to the list below:

Materials Required for Enrollment

1.	Complete Enrollment Form -including info for emergency contacts
2.	Provide a certified Birth Certificate (we will make a copy if not on file)
3.	Return signed Handbook Agreement (handbook found at northminster.us)
4.	Return signed Guidance Policy (found in the packet)
5.	Return signed copy of DCFS Verification of Receipt . (Found in the packet) -DCFS standards can be
	found on our website northminster.us
6.	Complete EFT (Electronic Funds Transfer) form for August Pro-rated payment
7.	Provide A Copy of Your Child's: (the doctors have these forms)
	Kindergarten Physical- must include immunizations, TB screening and lead screening.
	Eye Exam
	Dental Exam

*Your registration materials, including your child's physical must be received by Northminster office by Friday, August 1st. Children will not be able to start school until the packet is completed as required by DCFS. If you have a date for an exam but have not yet been, provide us with the date.

Kindergarten Tuition

The August tuition payment will be a pro-rated amount of \$238 plus any before and aftercare fees that you might incur for that week. That amount will be billed August 15th. Your first full amount of \$625 a month plus before and aftercare will be billed starting September 15th.

Kindergarten Visit Day

Tuesday, August 19th you are welcome to bring your child for a kindergarten visit day. At this time, your child can bring in school supplies, see the classroom, visit with friends, and prepare to start the school year. As a parent, you may ask any questions you need answered and meet some of the other families. **The school** supply list can be found at the end of the Kindergarten Handbook which can be found on our website.

Kindergarten Start Day

Kindergarten begins on Wednesday, August 20th and class will be in session from 8:00 to 3:00 with after school program available until 5:30. Please let us know if you need before-care that week.

Important Events

- Tuesday, August 19th: Kindergarten Classroom Visit open 3:00-5:00 p.m.
- ➤ Wednesday, August 20th: First full day of school: 8:00 a.m. 3:00 p.m.
- Monday, September 1st: Labor Day- no school

If you have any questions, please give us a call at the learning center (309-691-6322). Again, we look forward to working with your family.

Sincerely,

Michelle Lundquist

Michelle Lundquist, Director Jessica Stanton, Associate Director Northminster Learning Center

Northminster Presbyterian Church 10720 N. Knoxville Avenue Peoria, IL 61615

Phone: 309-691-6322 ext. 2

Fax: 309-691-6031

Email: michellel@northminster.us jessicas@northminster.us



Date _____

Office Use C Start date:	Only:
Fee Rcd:	

Program of Enrollment:		
Curiosity CornerDiscovery Pres	school Full Day Discovery	Preschool
Kindergarten Afterscho	ool Program Holiday Camp	
Child's Name		
Last Nickname (if any)	First Date of Birth	Middle _ Sex
Child lives with		
1 st Parent Contact Name	Relationship	
Street Address		
City/State/Zip	Cell Phone	
Place of Employment	Work Phone	
Email Address		
2 nd 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
Is there anyone who is specifically NOT authorize	ed to remove your child from our care?
Name	Relationship
Signature of parent/guardian	Date
Medi	ical Information
	Phone #
Primary Insurance & Policy #	
Preferred Hospital if any	
Does your child have any special medical nee	eds/concerns? No Yes
Is your child on any medications? No	Yes
Does your child have any food allergies or di	iet restrictions? No Yes
	e sort of meat)? No Yes PorkChickenOther
What languages are spoken at home?	
Signature of parent/guardian	Date
EMERGENCY CONTACT, w	vhen parent cannot be reached:
Name	Phone
Address	Relationship

Child's Name			
Last	First	M.I.	
Emergency Medical Care			
In case of emergency medical or first aid	care, treatment of ill	ness 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.	3 ,	, 3 , ,	, ,
Signature of parent/guardian			
	========	:======================================	
Permission for Trips and Excursions			
I hereby give consent to Northminster Le	earning Center for m	child to participate in special excur	sions to
places of interest, with the understanding			
program, and that all possible precaution			
event there is a field trip off the premises			
Signature of parent/guardian		Date	
=======================================			
Photographs/Internet			
Northminster Learning Center has my pe	rmission to use my o	hild's likeness in photographs, film,	video, &
NLC's Social Media pages, and the intern	et for publicity purp	oses, advertising or for display in the	church. I
understand that my child's likeness or wo			
Signature of parent/guardian		Date	
	========	:======================================	======
Artwork/Projects			
I hereby give consent to Northminster Le	earning Center to pla	ce my child's artwork/projects in pho	otographs,
film, video, & NLC's Social Media pages.	I understand the ch	ld's first name & age may be include	ed.
Signature of parent/guardian		Date	
	========	:======================================	
Payment of Fees			
All fees are due on the 15 th of the month	when your tuition w	ill be paid through EFT. Your payme	ent will be
transferred from your bank account or to	your credit card. If	unds are not available in your bank	account, a
\$25 late fee will be assessed. In the event			
and we must enforce our rights to collect			
fees, attorney fees, court costs, court repo	-		
in enforcing our rights. During the scho			
when you choose not to send your chil			ices even
Signature of parent/guardian		Date	
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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 SessionWednesday/Thursday Session
Monday/Tuesday/Friday SessionWednesday/Thursday/Friday Session
Discovery Preschool Please Mark:AM SessionPM 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:BannerHickory Grove
Grade:K1st2nd3rd4th5th
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:

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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.

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.

3. Help others.

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 Kindergarten Handbook

I have received, read, and understand the 2025-2026 program handbook for Kindergarten 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 <u>birth certificate and school physical requirement</u>. The handbook can be found on our website, <u>northminster.us</u>, or you may pick up a copy in the office.

Peoria, IL 61615

Student Name	
D (N)	
Parent Name	
Date	
	Northweigster Leaving Conter
	Northminster Learning Center 10720 N. Knoxville

Licensing Standards may be found on our website, <u>northminster.us.</u>

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 Procare Software

I hereby give consent to Northminster Learning Center to send text messages to me from the Procare 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 Procare 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

	DAIT I DE
SECTION A (Cr	euit caid

ROUTING

NUMBER

ACCOUNT

CHECK

NUMBER

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)	Checking	Savings
Authorized Signature	Date		
		FOR OFFICIAL U	SE ONLY
Your Name 0001 Any Street, Anytown Tel: (001) 555-0000			
PAY TO THE ATTACH VOIDED CHECK HERE DEPOSIT SLIPS NOT ACCEPTED Security features 100 DOLLARS Î Includer. Designation bank	D	ate Received	
Savings Bank Any Street, Anytown BANK Tel: (001) 555-5555			
123456789 000123456789 0001	E	mployee Signature	

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