



July 3, 2025

Dear Families:

It is time to complete registration for Curiosity Corner and Discovery Preschool! We are so glad that you have chosen to join our program and look forward to a year filled with lots of learning! Your teachers will be contacting you at the end of 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 classroom.

### **Completing Registration**

All the forms you will need to complete registration are available on the Northminster Learning Center's website. To access them, go online and visit **[www.northminster.us/NLC](http://www.northminster.us/NLC)** or pick one up at the office. Follow the links to download the forms you will need. Please refer to the list below:

1. \_\_\_ Provide a **certified Birth Certificate** (we will make a copy if not on file)
2. \_\_\_ Complete **Enrollment Form** — including information for emergency contacts.
3. \_\_\_ Return signed **Handbook Agreement**. (Handbook found at [northminster.us](http://northminster.us))
4. \_\_\_ Return signed **Guidance Policy**.
5. \_\_\_ Return signed copy DCFS **Verification of Receipt**. (DCFS standards found at [northminster.us](http://northminster.us)).
6. \_\_\_ Provide a copy of your child's last **School physical** — must be less than 6 months old and include immunizations, TB and lead screening (**all children except returning 4-year-old students**).
7. \_\_\_ Complete **EFT** (Electronic Funds Transfer) form for September payment

**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.**

**Families not returning their registration materials will forfeit their enrollment, and children on the waiting list will be given the opportunity to register.**

**Your September tuition payment will be submitted to your pay source September 15 and deducted from your account within 2-5 business days.**

### **Developmental Screenings for Preschool Students**

We offer a **voluntary** developmental screening for all children entering Discovery Preschool. We would like to encourage you to take advantage of this opportunity if you are new to the Learning Center. The teachers will be available to screen preschool children on Friday, August 15th. Please call the office at 309-691-6322 to schedule a screening appointment. **Screenings are conducted by appointment only.**

## Classroom Visit Days

- **Curiosity Corner** students will have an opportunity to visit their classroom on visit days. The Monday/Tuesday students should visit on Wednesday, August 27th, and Wednesday/Thursday students will visit on Thursday, August 28th. During this time, children can see their teachers and visit their classroom. You may bring your school supplies on the visit day. **The list can be found at the end of the Early Childhood Handbook which can be found on our website.**
- **Discovery Preschool** Full-day preschool families will be able to visit Wednesday, Aug. 27th between 9:00-11:00 a.m. Children in the half-day program will have the opportunity to visit their classroom on Thursday, August 28th. Morning families should plan to visit between 9:00 and 11:00 a.m. and afternoon families should plan to attend between 12:30 and 2:30 p.m. You may bring your school supplies on the visit day. **The list can be found at the end of the Early Childhood Handbook which can be found on our website.**

## Important Events

- Friday, August 15th: Preschool screenings **by appointment only.**
- Wednesday, Aug. 27th: Monday/Tuesday Curiosity Corner & Full-day Discovery Preschool visit day
- Thursday Aug. 28th: Wednesday/Thursday Curiosity Corner & 1/2-day Discovery Preschool visit day
- Tuesday, September 2nd: First Day of School.

If you have any questions, please feel free to give us a call (309-691-6322) or send an email. We will be happy to answer any questions you have.

Again, we look forward to working with your family!

Sincerely,

## Michelle Lundquist

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

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Northminster Presbyterian Church  
10720 N. Knoxville Avenue  
Peoria, IL 61615  
Phone: 309-691-6322  
Fax: 309-691-6031  
Email: [michellel@northminster.us](mailto:michellel@northminster.us)  
[jessicas@northminster.us](mailto:jessicas@northminster.us)



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 \_\_\_\_\_

Last

First

Middle

Nickname (if any) \_\_\_\_\_ 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 \_\_\_\_\_

10720 N. Knoxville Avenue • Peoria, IL 61615 • 309-691-6322 • [www.northminster.us](http://www.northminster.us)

**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** \_\_\_\_\_  
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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** \_\_\_\_\_  
=====

## **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.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](http://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](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  
Indicated  
Details on back.

MP

123456789

000123456789

0001

#### FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER
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