



**Preschool  
Program Packet  
2022-2023**

# **Oak Lawn Park District Preschool**

## **Program Packet**

### **This Packet Contains the Following:**

- 2022-2023 Preschool Calendar
- 2022-2023 Parent Handbook
- Drop-Off and Pick-Up Map
- List of Required Paperwork by September 1<sup>st</sup>
- Child Information/Emergency Form
- Medical Authorization Form
- Behavior Code of Conduct
- Behavior Code of Conduct and Parent Handbook Agreement Form
- Automatic Payment Agreement Form (\*Installment Billing Only)



### September

**12<sup>th</sup>** – Senior  
Program 1<sup>st</sup> Day

**13<sup>th</sup>** – Junior  
Program 1<sup>st</sup> Day

### October

**10<sup>th</sup>** – No School  
(Columbus Day)

**27<sup>th</sup>** – Junior  
Halloween Party

**31<sup>st</sup>** – Senior  
Halloween Party

### November

**17<sup>th</sup>** – Junior  
Thanksgiving

**18<sup>th</sup>** – Senior  
Thanksgiving

**21<sup>st</sup>-25<sup>th</sup>** – No School  
(Thanksgiving)

### December

**15<sup>th</sup>** – Junior Holiday  
Program

**16<sup>th</sup>** – Senior Holiday  
Program

**19<sup>th</sup>-Jan. 1<sup>st</sup>** – No  
School (Winter Break)

### January

**3<sup>rd</sup>** – Junior Program  
Returns

**4<sup>th</sup>** – Senior Program  
Returns

**16<sup>th</sup>** – No School  
(MLK Jr. Day)

### February

**20<sup>th</sup>** – No School (Presidents Day)

### March

**6<sup>th</sup>** – No School  
(Pulaski Day)

**20<sup>th</sup>-24<sup>th</sup>** – No School  
(Spring Break)

### April

**7<sup>th</sup>** – No School (Good Friday)

### May

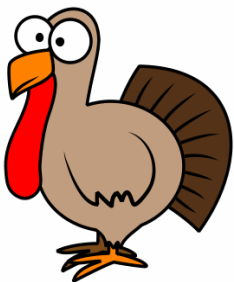
**18<sup>th</sup>** – Junior  
Program

Last Day  
Celebration

**19<sup>th</sup>** – Senior  
Program  
Graduation  
Ceremony

### TBA

Photo Days, Field Trips, Other  
Special Events/Activities



***\*Calendar is subject to change***

## **Oak Lawn Park District**

### **Preschool Program Parent Handbook**

#### **Introduction**

- Welcome to the Oak Lawn Park District Preschool Program! This program is designed to prepare your child for kindergarten by teaching them the skills they will use while encouraging socialization and recreation. We are very excited about the start of the program and the opportunity get to know you all. Please review the information provided in regards to some of the general information, procedures and policies pertaining to this year's program.

#### **General Information**

- Location: Oak View Center (4625 W. 110<sup>th</sup> Street)
- Classroom Phone: Room 5: 708-243-8391    Room 6: TBA
- Preschool Email: [preschool@olparks.com](mailto:preschool@olparks.com)
- Recreation Supervisor, Scott Gray:
  - Email: [sgray@olparks.com](mailto:sgray@olparks.com)    Phone: (708) 857-2200 ext: 2604

#### **Required Paperwork to Return to Recreation Supervisor Prior to September 1<sup>st</sup>**

- Registration Form
- Child Information/ Emergency Form
- Medical Authorization Form (\*if any medical condition exists))
- Behavior Code of Conduct Form
- Signed Parent Handbook Agreement
- EFT Agreement Form (\*Installment Billing Only)

## **Drop-Off/ Pick-Up**

- **Drop-Off**
  - Each participant will receive two Name Plates that can be placed in the windshield of your vehicle. These will be used to identify who is being dropped off for the preschool program. If you lose these or are in need of additional please contact the Recreation Supervisor.
  - In the mornings each car will line-up in the parking lot. The staff will escort them from the vehicle into the building with all of their belongings.
  - Students will be brought into the facility and classroom one at a time or in small groups.
- **Pick-Up**
  - In order to ensure safety we are asking that each day at pick-up whoever is picking up the child have your Name Plate that identifies who you are picking up in your window.
  - For safety, we also ask that you do not exit your vehicle until you are in the designated drop of spot.
  - Once a teacher identifies the designated pick-up person by checking their ID and pick-up list, the child will be brought to the cars individually.

## **Daily Schedule**

- Mornings will consist of Circle Time including songs, calendar and number line, the introduction of weekly concepts, as well as, Math, Art and Writing and Language Arts. Lunch will be followed by quiet work and free play. In addition, each week will include block play, Science and Technology.
- Detailed Weekly Schedules, Calendar and Important Dates for the year will be sent separately.

## **Toys from Home**

- Toys from home can be lost or misused by other children. Therefore, children will not be permitted to bring them to the program.

## **Bathroom**

- Children must be completely toilet trained.
- Your child will be allowed to go the washroom as they need to go.
- Parents should do their best to teach their child how to wipe themselves as the teachers cannot assist with this.
- Should the need arise; please inform the teachers if there is a special problem that your child may need to use the bathroom more frequently during the class time.

### **Lunch/Snack Time**

- Each day there will be a designated lunch and snack time. It is your responsibility to send your child with a lunch, snack, and water bottle each day. Please send your child with a lunch that is non-perishable or in a sealed and cool lunchbox.
- **LUNCHES AND SNACKS MUST BE NUT-FREE!**

### **Photo Days**

- Each year class photos are taken. You will receive more information on this upon the start of the program.

### **Communication to Parents**

- Prior to the start of the program periodic updates will be sent by the Recreation Supervisor in regards to updates or important information.
- Throughout the program the teachers can be reached directly via email at [preschool@olparks.com](mailto:preschool@olparks.com).
- Information in regards to additional means of communication will be sent out at the start of the program.
- It is more important than ever that communication is clear, constant and consistent throughout the program. As a staff we will do our best to communicate any changes or new information to participants. We ask your cooperation in this as well so please do not hesitate to reach out with any questions or concerns that you may have.

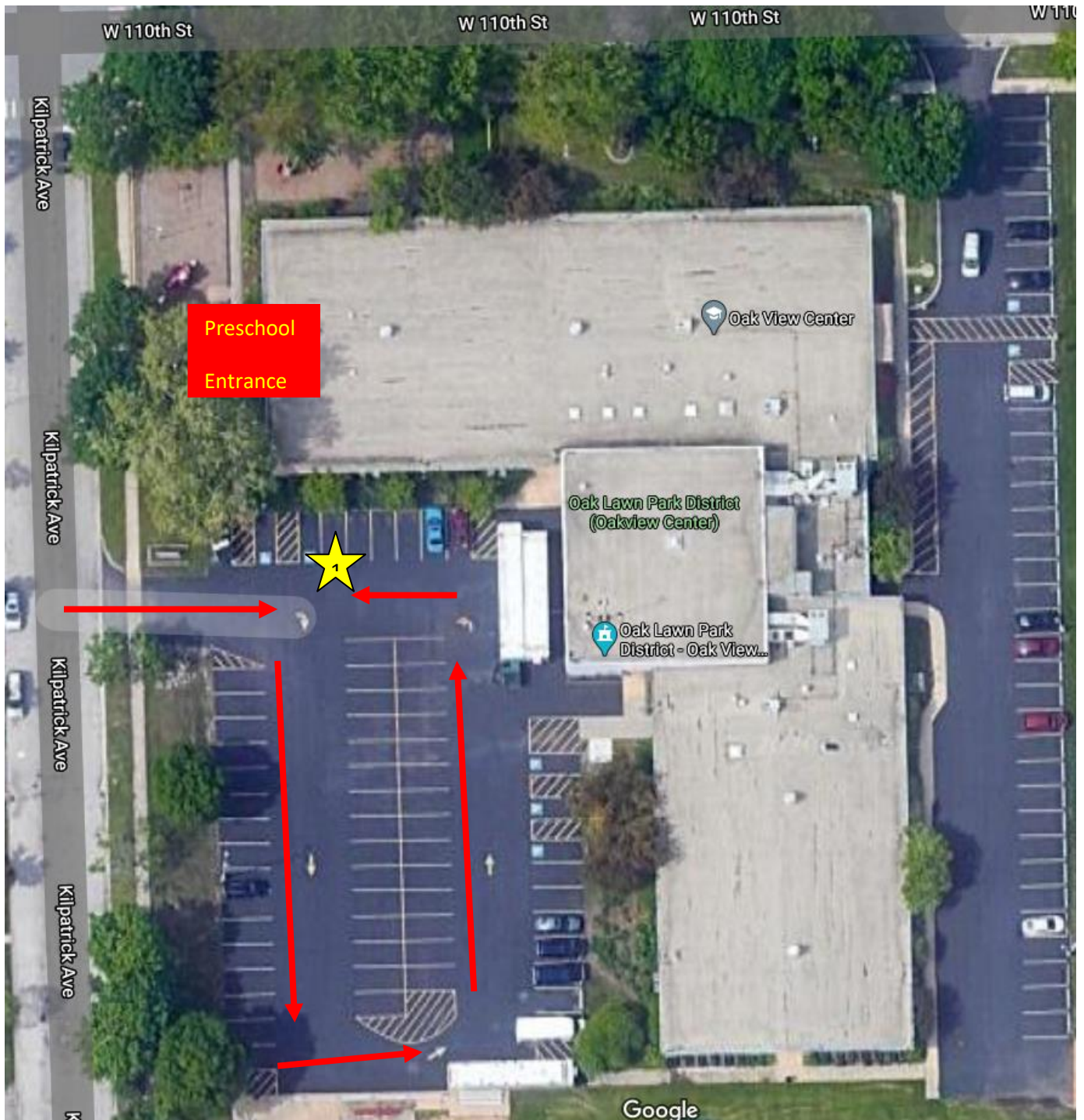
### **Ways You Can Help Your Child at Home**

- READ EVERYDAY TO YOUR CHILD
- Color with your child
- Practice recognizing, tracing, and cutting common shapes
- String beads or noodles, play with blocks and Legos
- While in the car or in a store, make a game out of recognizing numbers and letters



## Drop-Off and Pick-Up Map

- Please use the parking lot off of Kilpatrick Ave. and follow the arrows around. Each child will be escorted from the vehicle into the classroom for drop-off and vice versa for pick-up when your vehicle reaches “Spot 1” (indicated by the STAR on the map). At pick-up and drop off your name plate must be visible, instructors will also be checking ID’s and verifying designated pick-up and drop-off personal are present.



## **Oak Lawn Park District Preschool Program**

### **Paperwork Checklist**

\*Please make sure all of the following have been completed and turned in to the Recreation Supervisor prior to September 1<sup>st</sup>

- **Child Information/Emergency Form**

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- **Medical Authorization Form**

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- **Behavior Code Of Conduct and Parent Handbook Agreement**

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- **Automatic Payment Agreement Form (Installment Billing Only)**

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**Oak Lawn Park District**  
**Child Information/Emergency Form**

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

Child's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

**Guardian's Information**

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

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Secondary Guardian's Information**

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

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contacts to Be Notified In Case of Emergency (other than guardians)**

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

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

***E-Mail Address:*** \_\_\_\_\_

**To receive preschool info, updates, photos, etc.**

**Child's Doctor:** \_\_\_\_\_ **Phone** \_\_\_\_\_

Please list any health problems, allergies, behavior problems or other considerations we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By what name do you usually call your child? \_\_\_\_\_

Is another language, besides English, spoken at home? If so, which language?  
\_\_\_\_\_

Is this your child's first group experience without you? If so, please list all prior group experiences your child has had: \_\_\_\_\_

If your child has unusual fears, what are they?  
\_\_\_\_\_

Is there any area in which you anticipate difficulty for your child? (For example, following directions, sharing, personal hygiene, fine-motor skills, etc.) \_\_\_\_\_  
\_\_\_\_\_

What would you like your child to gain from this pre-school experience?  
\_\_\_\_\_  
\_\_\_\_\_

List any special interests your child has: \_\_\_\_\_  
\_\_\_\_\_

List the names and ages of other children in your family \_\_\_\_\_  
\_\_\_\_\_

**Persons authorized to pick up your child. Photo ID will be required at pick-up time**

Name	Relationship to Child	Phone	Cell Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____



## **Oak Lawn Park District Medication Authorization**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **MEDICATION INFORMATION**

Name of Medicine: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Route/Form: \_\_\_\_\_

Dates to be administered: From: \_\_\_\_\_ To: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

Reason for medication and/or intended effect: \_\_\_\_\_ Possible Side Effects: \_\_\_\_\_

**ASTHMA, ALLERGY, OR DIABETIC MEDICATION ONLY** E.G. Inhalers, Epi-Pen, Insulin, etc.

1. Student may carry medication on his/her person ( ) Yes ( ) No

2. Student may self-administer medication ( ) Yes ( ) No

(We recommend that "back up" medication be stored at the program as well)

Directions for self-administration \_\_\_\_\_

Physician's Name (Print): \_\_\_\_\_ Address/Office Stamp \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Over-the-counter medication must be in the manufacturer labeled container. Prescription medication MUST be in the original prescription bottle.**

\* \* \* \* \*

### **Waiver and Release of All Claims and Assumption of Risk**

I understand that it is my responsibility to give the medication directly to program staff. In all cases, medication dispensing can only be changed or modified by completing another Medication Authorization Form. I also understand that it is my responsibility to inform the Oak Lawn Park District if any changes in the instructions for dispensing of medication occur.

I recognize and acknowledge there are certain risks of physical injury (including death) in connection with the administration of medication to my child/ward and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of the administration of said medication (including, failure to administer the medication). Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, and failing to recognize or adequately address an adverse reaction or emergency medical situation. I do hereby fully release and discharge the Oak Lawn Park District, including its employees and agents, from any and all claims from injuries, damages and losses I or my minor child/ward may have (or accrue to me or my minor child/ward), and arising out of, connected with, incidental to, or in any way associated with the administration of medication.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Oak Lawn Park District Behavior Code of Conduct**

The Oak Lawn Park District is committed to providing an atmosphere of hospitality, civility and respect. We dedicate ourselves to the safety and wellbeing of both staff and participants/patrons. All participants are expected to exhibit appropriate behavior at all times.

The following guidelines have been developed to help make our programs safe and enjoyable for all participants. Additional rules may be developed for specific programs as deemed necessary by staff.

**You must be respectful to all participants, staff, and volunteers. Participants should follow program rules and take direction from staff.**

- If a person is:
  - Ignoring directions and/or requests from staff
  - Using vulgarity
  - Making remarks of a personally destructive nature towards any other person (employee, volunteer or patron)
  - Restricting or preventing someone of free movement
- If any one's actions are:
  - Of a physical, spoken or written act of abuse
  - Of a violent nature
  - Considered harassment
  - Considered intimidation
  - Considered extortion

*Immediate disciplinary action may be taken regardless if the act is deliberate, intentional or unintentional.*

**Oak Lawn Park District Behavior Code of Conduct and**  
**Parent Handbook Agreement**

**Parent Handbook Agreement:**

I have read and understand the information in the Oak Lawn Park District Parent Handbook and agree that I and the participant will adhere to these policies and procedures.

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**Behavior Code of Conduct Agreement:**

I have read and understand the information above and agree that I and the participant will adhere to these policies and procedures.

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

## **Oak Lawn Park District Preschool Program Credit/Debit Card Automatic Payment Agreement**

*\*\*\*This should only be filled out if you are choosing the Installment Billing payment option\*\*\**

Preschool Parents,

If you have elected for Installment Billing, your monthly fee placed on your credit or debit card automatically each month please complete the information below.

Installment payments will be debited on the first of each month. **Payments will be made in October, November, December, and January.** If the first of the month falls on a weekend or holiday then payment will be taken the following business day.

Credit card payments that are declined will be charged a \$15.00 service fee by the Oak Lawn Park District. If a payment is declined, it must then be resubmitted with the \$15.00 service fee via cash, money order or cashier's check. If a parent/guardian is delinquent on a child's account, the child will be suspended or removed from the program unless special arrangements have been made with the supervisor of the program.

**If you wish to change to a different credit card, you must fill out a new credit card form and return it to the Oak View office *before* the 20<sup>th</sup> of the month preceding the month you want the change to be effective.**

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### **CREDIT CARD INFORMATION**

Child's Name \_\_\_\_\_ Program: \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

I give my permission to the Oak Lawn Park District to run the determined tuition amount on my credit card on the first of each month, beginning with October 2022 and ending with January 2023.

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