



Child Enrollment Form

Date:		Date Care to Begin:		
Day(s) of Week Care Needed: <i>Please add a check mark to days and write time needed beneath the day it pertains to.</i>				
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Child's Full Name:			Nickname:	
Address:				
Date of Birth:		Phone:		
Child Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian				
Marital Status of Parent(s)/Guardian(s): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent				
First Parent's Name:				
Address:				
Home Phone:		Cell Phone:		
Work Phone:		Occupation:		
Email:				
Second Parent's Name:				
Address:				
Home Phone:		Cell Phone:		
Work Phone:		Occupation:		
Email:				
Guardian Parent's Name:				
Address:				
Home Phone:		Cell Phone:		
Work Phone:		Occupation:		
Email:				

Siblings or other children in the household?		Other adults in the household?	
Names and ages:		List names and relation to child:	
Does your child have previous child care experience? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list dates attended and days and hours per week attended:			
Child's Physician:			
Address:			
Phone:		Fax:	
Child's Dentist:			
Address:			
Phone:		Fax:	
Hospital Preference:		Phone:	
Address:			
Insurer Name:		Phone:	
Policy No:			
Persons authorized to pick up or drop off your child and be contacted in an emergency (<i>besides parents</i>)			
Name:		Relationship:	
Address:			
Phone:			
Name:		Relationship:	
Address:			
Phone:			

Persons NOT authorized to pick up or drop off your child <i>(please provide legal paperwork)</i>		
Name	Relationship:	Phone:
Name	Relationship:	Phone:
Name	Relationship:	Phone:
Name	Relationship:	Phone:
List any special health conditions or concerns your child has that you feel we should be aware of (including allergies):		
<p>What are your child's eating habits?</p>		
<p>Can your child be relied on to indicate his/her bathroom needs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Does your child have toilet accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>What is your child's nature in a group setting?</p>		
<p>What is your child's nature when alone or with family?</p>		
<p>What makes your child angry?</p>		
<p>How do you handle discipline in your home? How do you expect it to be handled in child care?</p>		
<p>How do you comfort your child?</p>		

What are your child's favorite activities?
Are there any special benefits you wish your child to derive from his/her child care experience?
What are your child's sleep habits?
What is the primary language spoken at home?
<p>Check the words that best describe your child:</p> <p> <input type="checkbox"/> Confident <input type="checkbox"/> Loving <input type="checkbox"/> Quiet <input type="checkbox"/> Secure <input type="checkbox"/> Shy <input type="checkbox"/> Excitable <input type="checkbox"/> Loud <input type="checkbox"/> Anxious Energetic <input type="checkbox"/> Self-reliant <input type="checkbox"/> Follower <input type="checkbox"/> Cooperative <input type="checkbox"/> Responsible <input type="checkbox"/> Other (please list): </p>
Is there any other information about your child that would be helpful for staff to know in order to take better care of your child?

Parent / Guardian Signature

Date

Typed signatures sent by electronic means (facsimile, scanned and sent via e-mail, or signed by electronic signature service where legally permitted) shall be deemed original signatures.



Consent for Non-Prescription Medications

All over the counter products need parental permission for administration. However, some of these external products do not need to be documented every time you use them. The following is a list requiring parental permission only.

I hereby give Nativity child and family center permission to apply any of the following external preparations that are checked, in accordance with directions for use on the appropriate container:

- diaper wipes
- diaper creams, ointments
- skin lotions/creams/ointment/Vaseline (specify of special brand) _____
- Soap (brand name if you are supplying a special soap) _____
- Sunscreen: Rocky Mountain Kids Sunscreen SPF 30, or sunscreen provided from home
- Other-please specify: _____

Note: Teething gels are considered OTC medications not products. Teething gels are not recommended and need to be used with extreme caution. They have been known to numb the throat which causes a potential choking hazard, therefore NCFC guidelines prohibit staff administration of teething gels.

Parent/Guardian Signature:

Photo Permission

Please check the boxes for the items that you are comfortable with NCFC using your child's photograph.

- The Center DOES have permission to use photos of my child on display within the center.
- The Center DOES have permission to use photos of my child in classroom and center newsletters.
- The Center DOES have permission to use photos of my child in marketing and advertising materials that may be distributed in the community, i.e. flyer and brochures.
- The center DOES have permission to use photos of my child on the center online communications. *i.e. Website, Facebook (children's names are never used with images)*
- The center DOES NOT have permission to take or use any photos that include my child.

Parent/Guardian Signature:

General Field Trip Permission

As part of our educational program, we will take the children in our care on a variety of field trips away from the center. The typical destination of these field trips may include, but are not limited to:

- Walks through the neighborhood
- Walks to local parks
- Walks to the local grocery stores, school playgrounds, church playgrounds, stores, etc.

We also provide experiences here at Nativity that will be chaperoned by NCFC staff. Some of these experiences may include, but are not limited to:

- Interaction with elderly groups such as Chandler Place or Pearl Memory Garden
- In house field trips with various groups such the Raptor Center, Children's Museum, etc.

Parents or Legal guardians give their consent to these field trips by signing below.

Parent/Guardian Signature:

Pet Permission

Pet visitors are a fun way for friends to share their special friend from home and are a way for everyone to experience meeting animals that they might otherwise not have contact with. All pets are supervised and are up to date on their vaccinations if applicable.

- I give my permission for my child to participate when pets visit the center
- No, please do not allow my child to be near visiting pets.

Parent/Guardian Signature:

Family Directory Permission

Please check the boxes below to identify your participation in the NCFC Family Directory. The Family Directory will be made available to all families at NCFC.

- The Center DOES have permission to use my name, home address, phone numbers, and email address in the NCFC Family Directory.
- The center DOES NOT have permission to use my name, home address, phone numbers, and email address in the NCFC Family Directory.

Parent/Guardian Signature:

Family Handbook Agreement

I have received a copy of Nativity Child and Family Center's Family Handbook. I understand and agree that it is my responsibility to read and become familiar with the Policies and Procedures as stated in the Center's Family Handbook. I understand that it is my responsibility to go directly to the Director or Assistant Director with any questions I may have regarding the Policies and Procedures and information contained in this handbook. Information in this handbook may be subject to change.

Parent/Guardian Signature:

Enrollment Agreement

Nativity Child and Family Center's hours of operation are 7:15 a.m. to 5:30 p.m, Monday through Friday. The center is closed 12 days per calendar year. The center will set these days on an annual basis and will supply parents with a copy of the calendar. No credit shall be given on days the center is officially closed.

A non-refundable registration fee of \$50 shall be paid upon enrollment. Tuition is due in advance each week on the first day of attendance with a late fee of \$5.00 per day. I hereby agree to notify the center two weeks in advance of withdrawal, should such an event occur, or pay the difference.

Parent/Guardian Signature:

Typed signatures sent by electronic means (facsimile, scanned and sent via e-mail, or signed by electronic signature service where legally permitted) shall be deemed original signatures.



Authorization Agreement for Direct Payments

<hr/> <p>I (we) hereby authorize Nativity Child and Family Center to initiate debit entries to my (our) <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <i>(select one)</i> indicated below at the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.</p>	
Financial Institute:	
Routing Number:	Account Number:
<p>This authorization is to remain in full force and effect until Nativity Child and Family Center has received written notification from me (or either of us) of its termination in such time and such manner as to afford Nativity Child and Family Center and Depository a reasonable opportunity to act on it.</p>	
Name:	Date:
Signature:	

Typed signatures sent by electronic means (facsimile, scanned and sent via e-mail, or signed by electronic signature service where legally permitted) shall be deemed original signatures.

Please attach a voided check



Child and Adult Care Food Program

Dear Parents,

Your child care center participates in the United States Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP). This child care center receives federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow! Meals served here must meet nutrition requirements established by USDA’s CACFP. In order to participate, your center has agreed to follow USDA guidelines. In an effort to assess that these requirements are being met, USDA’s CACFP requires centers to annually collect the enrollment information listed below. Please complete the form and return it to your child care center.

Name of the Child Care Center: Nativity Child and Family Center

Date Care to Begin:	
Child’s First Name:	Child’s Last Name:
Date of Birth:	
Enter the normal hours your child is in care. For example, 7:30 AM – 5:00PM _____ to _____ or for a split schedule, 7:30 AM – 9:00 AM and 12:30 PM – 5:00 PM. _____ to _____	
Check the days your child normally attends: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
Check the meals your child normally receives while in care: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack	
Date Care to Begin:	
Child’s First Name:	Child’s Last Name:
Date of Birth:	
Enter the normal hours your child is in care. For example, 7:30 AM – 5:00PM _____ to _____ or for a split schedule, 7:30 AM – 9:00 AM and 12:30 PM – 5:00 PM. _____ to _____	
Check the days your child normally attends: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
Check the meals your child normally receives while in care: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Night Snack	

If there are other children in care, please complete additional forms as needed.

Parent / Guardian Signature

Date Signed

(form must be completed annually)

Parents Name:		
Home Phone:	Work Phone:	
Mailing Address:		
City:	State:	Zip:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail:
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Information needs to be updated annually. If the above information is still accurate initial and date below.

Initials:						
Date:						



Emergency Information

Child's Full Name:		Birth date:	
Address:		Home phone:	
First Parent's Name:		Work phone:	
Cell Phone:	Email:		
Second Parent's Name:		Work phone:	
Cell Phone:	Email:		
Emergency contact and authorized to pick-up:			
Address:		Home phone:	
Work Phone:	Cell Phone:		
Emergency contact and authorized to pick-up:			
Address:		Home phone:	
Work Phone:	Cell Phone:		

Child's Physician:		Phone:	
Address:			
Child's Dentist:		Phone:	
Address:			
Hospital Preference:			
Allergies or other medical conditions:			
If Nativity Child and Family Center is unable to reach a parent or an emergency contact, or in the event of serious injury or illness requiring immediate medical attention, I authorize Nativity Child and Family Center to call 911, use paramedics, and/or nearest Hospital. I will assume financial responsibility for emergency medical care.			
Insurance Carrier:			
Name of Insured:		Policy Number:	

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment:			
Child's Name:		Date of Birth:	
Address:			
Phone:			
Parent or Guardian:			
Date of Last Examination:		How long have you been seeing this child?	
How frequently do you see this child when he/she is not ill:			
Allergies (including allergies to meds):			
Is a modified diet necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any condition present that may result in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
What's the status of the child's		Vision:	
		Hearing:	
		Speech:	
IMPORTANT HEALTH PROBLEMS			
Health Problem:	Followed by you?	Followed by other Med Source? Name?	Requires special attention at Center
Health Problem:	Followed by you?	Followed by other Med Source? Name?	Requires special attention at Center
Other information helpful to the child care program?			
Signature of Health Source:			Date:
Phone:		Address:	

Immunization Form

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Name _____ Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningococcal (MCV4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I understand that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
 (of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me on _____ (date)

Notary Stamp

by _____ (name of parent or guardian)

Notary Signature: _____

STATE OF MINNESOTA, COUNTY OF _____

Signature: _____ Date: _____
 (of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.

I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
 (of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

- 3. Consent to share immunization information:** This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:
 - Provide easier access for you and your school to check immunization records, such as at school entry each year.
 - Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.
- Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.
- I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: _____ Date: _____
 (of parent/guardian)