



## Enrollment Packet Checklist

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- Infant Toddler Personal Information
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LOVING ARMS/PRAISE & PLAY/DISCOVERY HILL TUITION CONTRACT

Effective Dec 25, 2023 – Dec 27, 2024

Child(ren)'s name \_\_\_\_\_

Primary Caregiver #1 Name \_\_\_\_\_

Work Place/Work phone \_\_\_\_\_

Primary Caregiver #2 Name \_\_\_\_\_

Work place/Work phone \_\_\_\_\_

Billing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Primary #1 cell \_\_\_\_\_ Primary #2 cell \_\_\_\_\_

Email address \_\_\_\_\_

Rates: There is \$100 non-refundable enrollment fee for each child enrolled. You will be billed for the days you are contracted for whether its Full time or Daily. Infant rate is \$230 per week or \$56 per day. Wobblers rate is \$222 per week or \$52 per day. Toddlers is \$216 per week or \$50 per day. Preschool and Pre-Kindergarten is \$196 per week or \$50 per day. School Age (Summer only) is \$175 per week or \$39 per day. We bill every two weeks for two weeks ahead. The contracted tuition for your child(ren) is due upon receipt of the bi-weekly statement and occurs every other Monday. Tuition is the same every statement date regardless of days missed due to illness, vacation, weather related closures or posted holidays/closings. Tuition will not be reimbursed or make up days given for missed days.

Please direct all billing questions to Melissa Hansen, [melissah@vinjchurch.com](mailto:melissah@vinjchurch.com)

Closed Days 2024:

- New Year's Day Monday, January 1
- Teacher Cont Ed Monday, February 19
- Good Friday Friday, March 29
- Memorial Day Monday, May 27
- Independence Day Thursday July 4,  
AND Friday, July 5
- Labor Day Monday, September 2
- Thanksgiving Thursday, November 28  
AND Friday, November 29
- Christmas Eve/Day Tuesday, December 24  
AND Wednesday the 25

**Additional days:** Families who contract for the Daily rate will be billed for the days they have contracted for. If you want to add an additional day, you can check with the director to see if there is availability. We will not be able to rearrange the days contracted for you if your child needs to be absent on contracted days.

**Tuition policies:** Tuition payments are due on the first scheduled day of attendance following the statement date. You will be charged a late fee of \$2 per day for each day after the due date. Two weeks of non-payment without communication to Melissa, will result in the termination of the childcare contract and care will no longer be provided.

**ALL accounts will automatically be changed to AUTO PAY. Every account will need to have a bank account or credit card tied to their account for their bi-weekly payments. NO EXCEPTIONS.** Please direct all billing questions to Melissa Hansen, [melissah@vinjchurch.com](mailto:melissah@vinjchurch.com)

All bank charges will be billed to a parent/guardian account for any payment returned due to non-sufficient funds and an additional \$35.00 will be billed for closed account returns.

Children picked up after 5:30 pm will be charged a \$15 "Late Pick-up" Fee and an additional \$2 fee for every minute beyond closing. This goes into effect starting at 5:30pm. Fees will be added to the next tuition statement. Emergency contacts will be called after 10 minutes and if no contact has been made by 6:00pm, Child Protection Services will be called. In this extreme case, there will be an additional \$100 charge.

**Contracted days and hours:**  My child(ren) will be **Full Time**  My child(ren) will be **Daily, \_\_\_\_ days per week** (please be as precise as possible as we schedule our staff according to this contract). Infants, Wobblers and Toddlers are FULL Time only. No part time slots are accepted.

If you need care before or after contracted hours, you must check for availability first. Thank you!

Child(ren)'s Name	Monday Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Total hours for week

I agree to give **TWO** weeks **WRITTEN** notice if I decide to withdraw my child(ren) from the program. I understand that I will be charged for these 2 weeks whether or not my child(ren) attends. I will complete a dated written notice and give it to the **DIRECTOR**. Upon withdrawal of my child(ren) from the program, I agree to pay, in full any outstanding balance due on the child(ren)'s last day of attendance.

I have read the above contract and agree to the stated terms. By signing this agreement, you agree that you are responsible for any and all charges relating to the care of the child(ren) listed on this contract. In the event legal action is taken to collect your bill, all costs of collection, including, but not limited to, attorney fees and court costs, will be added to your bill.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_



**REGISTRATION**

Today's Date \_\_\_\_\_

Name of Child \_\_\_\_\_ Child's DOB/Due Date \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Enrolling at:  Loving Arms  Praise & Play  Discovery Hill

**Family Data**

Child Resides with  Mother  Father  Both  Other

Marital Status  Single  Married  Separated  Divorced  Widowed  Co-Habit

**Parent/Guardian's Name** \_\_\_\_\_

Home Address \_\_\_\_\_ Home phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Daytime E-mail \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work phone \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_

Home Address \_\_\_\_\_ Home phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Daytime E-mail \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work phone \_\_\_\_\_

By signing below, I certify that I am aware that I must notify the center, in writing, of any known allergies of my child before they begin care.

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

For Office Use Only:

Deposit Received Date: \_\_\_\_\_ Check # \_\_\_\_\_

Notes \_\_\_\_\_



### EMERGENCY AUTHORIZATION

I hereby grant permission for Loving Arms, Praise & Play and/or Discovery Hill Child Care Center to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Contact your health services for consultation and/or services.
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
4. Attempt to contact the child's physician.
5. If we cannot contact you or your child's physician, we will do any or all of the following: a) call another physician, b) call an ambulance, c) have the child taken to an emergency hospital in the company of a staff member.
6. Loving Arms, Praise & Play and Discovery Hill Child Care Centers are insured by Church Mutual Insurance Company.  
Any expenses which occur as a result of actions stated in #5, will be the responsibility of the child's family. Certain circumstances may also be covered by our insurance.
7. The school will not be responsible for anything that may happen as a result of false information given at time of enrollment.
8. The center staff will deny a parent access to their child if the staff feels the parent is under the influence of drugs or alcohol.

**Facility Emergency:** In the event an evacuation from the building is necessary, children will walk to a place of safety. Parents will be notified as quickly as possible to pick up their child(ren) at that location.

Mothers Signature \_\_\_\_\_ Date \_\_\_\_\_

Fathers Signature \_\_\_\_\_ Date \_\_\_\_\_



**EMERGENCY CONTACTS/AUTHORIZATION TO PICK-UP**

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

Please list two people we may contact in event of an emergency and a parent cannot be located. They must be available to pick up your child within an hour of being called. This is extremely important for your child's well-being and is also a requirement of our licensing agency.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

**Is authorized to pick up my child:** \_\_\_\_\_yes \_\_\_\_\_no

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

**Is authorized to pick up my child:** \_\_\_\_\_yes \_\_\_\_\_no

The following people are **not allowed** to pick up my child:

Name \_\_\_\_\_ Name \_\_\_\_\_

It is very important that each day you identify on the daily sheet who will be picking up your child or call the center if that changes. When you call to make a change in pickup person, we will need the person's full name and written permission to add them to your emergency contact list. We will ask for a picture ID and may contact the parent/guardian to verify at the time of pick-up.

**Medical Contacts**

Name of Physician \_\_\_\_\_ Check the appropriate clinic below:

- CentraCare, Willmar 320-231-5000
- FPMC/Lakeland Clinic 320-235-7232
- CentraCare New London 320-354-2222
- Other \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_



**General Permissions**

**Permission for Outdoor Activities**

I hereby give permission for my child to go on walking field trips with the Loving Arms/Praise & Play/Discovery Hill staff. These walking field trips may include but are not limited to the Willmar Public Library, the Rice Park Splash Pad, Rice Care Center, Ramblewood Park, Miller Park, Dorothy Olson Aquatic Center, Spicer Library, Wildcat Cove and other nearby locations.

Parent/Guardian signature \_\_\_\_\_ date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ date \_\_\_\_\_

**Facebook and Newsletter**

We have a Facebook Pages for our Childcare Centers. This is a great place to post pictures of all the fun things we do during the day. It's also a great way to show the public what we are all about. If you give permission for your child to have pictures posted on Facebook, names will never be used. We also sometimes post pictures in our church's monthly newsletters. Again, names would never be used.

\_\_\_\_\_ Yes, I give permission for my child/rens picture to be shared on Facebook or in the Newsletter.

\_\_\_\_\_ No, I do NOT want my child(rens) picture on Facebook or in the Newsletters.

Parent/Guardian signature \_\_\_\_\_ date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ date \_\_\_\_\_

**Notice of Accuracy and Truth in Information**

All of the information in these enrollment papers is accurate as of this date. The signatures below confirm that you will notify the Center in writing when any of this information needs to be changed or corrected. Your signature below also confirms that you have read and understand all of the information given to you.

Parent/Guardian signature \_\_\_\_\_ date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ date \_\_\_\_\_



**LOVING ARMS / PRAISE & PLAY /DISCOVERY HILL  
PARENTAL CONSENT FORM FOR SUNSCREEN AND INSECT REPELLANT**

This form will be effective for the duration of your child’s enrollment at Loving Arms unless you request a new permission form.

CHILD’S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUNSCREEN**

**Parents are required to supply sunscreen (min SPF of 30) for their child/children.**

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child’s risk for skin cancer later in life.

- Staff will apply products when children are playing outside.
- Sunscreen products will be applied 15-30 minutes before going outside in appropriate amounts.
- Sunscreen will be applied to all exposed areas of skin.
- Sunscreen will be reapplied every 2 hours, or before each outdoor activity.
- Sunscreen is most effective when applied to cool, dry skin.

- Staff may apply the sunscreen provided (or a sunscreen of the center’s choice, if none is provided by the parents) as needed.
- NO, for medical reasons, do not apply sunscreen to my child under any circumstances.**

**INSECT REPELLANT**

Staff will apply a light coating of insect repellent containing no more than 10% DEET before each outdoor activity when the risk of mosquitoes is present. Repellent wipes will be used on infants under 16 months of age and spray will be used on children between 16 months and 9 years.

- Staff may apply insect repellent to my child as needed.
- NO, do not apply insect repellent to my child under any circumstances.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_





**PARENT/GUARDIAN  
STATEMENT OF UNDERSTANDING**

The following information is important for the safety and protection of your child. Please **read** the information, **Initial each point**, **sign the form** and **return** it to the Loving Arms/Praise & Play/Discovery Hill.

\_\_\_\_\_ I understand that my child will only be allowed to leave the program with an authorized person. Any person authorized to pick up my child must be listed on the emergency pick-up form. Other arrangements can be made in case of complicated emergency situations. Releasing your child may require multiple steps beyond simply checking a person's I.D. as we will take whatever steps necessary to insure that your child is being released to the proper person.

\_\_\_\_\_ I understand I am allowed access to my child anytime while in care at Loving Arms Child Care Center/Praise & Play Child Care Center/Discovery Hill Child Care Center.

\_\_\_\_\_ I understand that I may only leave the Center once I am sure that my child is in the care of staff.

\_\_\_\_\_ I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for my child's safety, staff may have no other recourse but to contact law enforcement.

\_\_\_\_\_ I understand that Center staff is mandated, by state law, to report any suspected cases of child abuse/neglect to the appropriate authorities for investigation, which includes care seat and safety seat belt neglect.

\_\_\_\_\_ I understand that I must complete and return a permission slip for my child for each field trip, if I want my child to participate.

\_\_\_\_\_ I received a copy of the Loving Arms/Praise & Play/Discovery Hill Child Care Center Parent Policy Handbook.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



### **Biting Policy Revised 10/17**

Loving Arms, Praise & Play and Discovery Hill pride themselves in maintaining developmentally stimulating classrooms where teachers are educated and trained to deal with all areas of development with all ages.

The toddler room creates many different opportunities for teachers, parents, and children to interact and work through developmental milestones. Biting is an issue that is not only difficult to deal with when your child is getting bitten, it is also as hard on the family of the child who is doing the biting. Please feel free to talk the teacher or the Director on any concerns you may have with this issue.

Biting is a developmental milestone that many 16-33 month olds face. Parents and caregivers often struggle with these issues. The staff at Loving Arms are trained to see biting as a milestone that all children need to work through. The following steps will be taken when a bite occurs:

1. Separate children
2. Assess the bite
3. Determine if the bite broke the skin before proceeding:

If skin is not broken:

1. Wash with soap and water
2. Place ice pack on wound
3. Report on incident sheet and log and daily report to parents

If skin is broken:

1. Wash with soap and water
2. Place ice pack on wound
3. Consult with Director
4. Director contacts parent
5. Report on incident sheet and log

The child responsible for the biting will be sat on a chair while the teacher is tending to the child that has been bit. The teacher will then speak with the child only after the child that has been bitten has been cared for.

If a child has bitten more than 3 times in a two week period, the parents will be called in for a conference with the Director and a behavior modification plan will be put in place.

If a child bites hard enough to break the skin of another child, the parents will be called in for a conference with the Director and Teacher to set in place a behavior modification plan. If a child breaks the skin of another child three times in one month the child will be asked to leave the Center for two weeks and the Director will then meet with the parents to re-assess.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Any further instructions for your child:



**INFANT OR TODDLER PERSONAL INFORMATION - PLEASE TURN IN BEFORE THE FIRST DAY OF ATTENDANCE**

Childs Name \_\_\_\_\_

In addition to parents, who resides in the home with this child? (name, age, gender, relationship)

\_\_\_\_\_

Languages spoken in the home \_\_\_\_\_

Any information we should know about your family situation, traditions, and/or culture?

\_\_\_\_\_

\_\_\_\_\_

General Health:  Excellent  Good  Fair  Poor

Explain \_\_\_\_\_

What arrangements have you made for alternative care when your child is sick?

\_\_\_\_\_

**SLEEPING PATTERNS**

Schedule: Rises \_\_\_\_\_ AM Evening bedtime \_\_\_\_\_ PM

AM Nap \_\_\_\_\_ to \_\_\_\_\_ PM Nap \_\_\_\_\_ to \_\_\_\_\_

My child:  Naps easily  Naps with difficulty is calmed by \_\_\_\_\_

Do you have special bedtime/nap routines? Y / N Please Describe \_\_\_\_\_

\_\_\_\_\_

**EATING PATTERNS**

Uses cup? Y / N Type of Formula or milk alternative \_\_\_\_\_

Likes/ dislikes: \_\_\_\_\_

\_\_\_\_\_

Special eating concerns: \_\_\_\_\_

**DIAPERING**

Bowel movements: Number per day \_\_\_\_\_ Times of day \_\_\_\_\_

Usual appearance:  Very loose  Soft  Firm Color \_\_\_\_\_ Size \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

# HEALTH CARE SUMMARY

**MUST BE COMPLETED BY HEALTH CARE SOURCE**

Date of Enrollment: \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

Birth Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

Telephone \_\_\_\_\_

PARENT(S) OR GUARDIAN \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ How long have you been seeing this child? \_\_\_\_\_

How frequently do you see this child when he/she is not ill? \_\_\_\_\_

Does this child have any allergies (including allergies to medications)? \_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that might result in an emergency? \_\_\_\_\_

What is the status of the child's . . . Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Please list below the important health problems

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed By Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>
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Other information helpful to the child care program \_\_\_\_\_

Phone \_\_\_\_\_

**Signature of Health Source** \_\_\_\_\_ Address \_\_\_\_\_

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

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.

# Immunization Form

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 am aware 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) by \_\_\_\_\_ (name of parent or guardian)

Notary Stamp

Notary Signature: \_\_\_\_\_  
STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

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)



I give \_\_\_\_\_ permission to be in Room 102 in Vinje Church for daily activities.

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

## Child Enrollment Form—Standard Child and Adult Care Food Program

Dear Parents or Guardians,

Your child care center participates in the U.S. 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. To meet CACFP requirements specific enrollment information must be collected annually. Please complete this form and return it to your child care center.

Name of the Child Care Center: \_\_\_\_\_ Beginning Date of Child Care: \_\_\_\_\_

Child’s First Name: \_\_\_\_\_ Child’s Last Name: \_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_

Enter the normal hours your child is in care (for example, 7:30 a.m. – 5 p.m.; for a split schedule, 7:30 a.m. – 9 a.m. and 12:30 p.m. – 5 p.m.): \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

Check the days your child normally attends:

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Check the meals your child normally receives while in care:

Breakfast  AM Snack  Lunch  PM Snack  Supper  Night Snack

Beginning Date of Child Care: \_\_\_\_\_

Child’s First Name: \_\_\_\_\_ Child’s Last Name: \_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_

Enter the normal hours your child is in care (for example, 7:30 a.m. – 5 p.m.; for a split schedule, 7:30 a.m. – 9 a.m. and 12:30 p.m. – 5 p.m.): \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_

Check the days your child normally attends:

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Check the meals your child normally receives while in care:

Breakfast  AM Snack  Lunch  PM Snack  Supper  Night Snack

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

Parent’s Signature: \_\_\_\_\_ Date Signed (form must be completed annually): \_\_\_\_\_

Parent’s Name (please print): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child enrollment information needs updates annually. If the above information is the same, initial and date below.

Initial:						
Date:						

This institution is an equal opportunity provider





## Mandated Reporter Policy

### Family Child Care

#### Who Should Report Child Abuse and Neglect

- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to anyone else. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

#### Where to Report

- If you know or suspect that a child is in immediate danger, call 9-1-1.
- Reports regarding incidents of suspected abuse or neglect of children occurring at a family child care program, within a family or in the community should be made to the local county social services agency at \_\_\_\_\_.  
Or you may contact your local law enforcement at \_\_\_\_\_.
- If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call your local county social service agency at \_\_\_\_\_.

#### What to Report

- Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act, Minnesota Statutes, section 626.556 (see attached.)
- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

## Retaliation Prohibited

Minnesota Statutes, section 626.556, subd. 4a. states that an employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

## Failure to Report

Pursuant to Minnesota Statutes, section 626.556, subd. 6, a mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

THIS REPORTING POLICY MUST BE PROVIDED TO THE PARENTS OF ALL CHILDREN AT THE TIME OF ENROLLMENT IN THE CHILD CARE PROGRAM AND MUST BE MADE AVAILABLE UPON REQUEST.

Minnesota Statutes, section 626.556, subd. 2. **Definitions.** As used in this section, the following terms have the meanings given them unless the specific content indicates otherwise:

- "Sexual abuse" means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, as defined in section [609.341](#), or by a person in a position of authority, as defined in section [609.341, subdivision 10](#), to any act which constitutes a violation of section [609.342](#) (criminal sexual conduct in the first degree), [609.343](#) (criminal sexual conduct in the second degree), [609.344](#) (criminal sexual conduct in the third degree), [609.345](#) (criminal sexual conduct in the fourth degree), or [609.3451](#) (criminal sexual conduct in the fifth degree). Sexual abuse also includes any act which involves a minor which constitutes a violation of prostitution offenses under sections [609.321](#) to [609.324](#) or [617.246](#). Effective May 29, 2017, sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section [609.321, subdivisions 7a and 7b](#). Sexual abuse includes threatened sexual abuse which includes the status of a parent or household member who has committed a violation which requires registration as an offender under section [243.166, subdivision 1b, paragraph \(a\) or \(b\)](#), or required registration under section [243.166, subdivision 1b, paragraph \(a\) or \(b\)](#).

- "Person responsible for the child's care" means (1) an individual functioning within the family unit and having responsibilities for the care of the child such as a parent, guardian, or other person having similar care responsibilities, or (2) an individual functioning outside the family unit and having responsibilities for the care of the child such as a teacher, school administrator, other school employees or agents, or other lawful custodian of a child having either full-time or short-term care responsibilities including, but not limited to, day care, babysitting whether paid or unpaid, counseling, teaching, and coaching.

- "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (9), other than by accidental means:

- (1) failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;
- (2) failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
- (3) failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;
- (4) failure to ensure that the child is educated as defined in sections [120A.22](#) and [260C.163, subdivision 11](#), which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section [125A.091, subdivision 5](#);
- (5) nothing in this section shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care; except that a parent, guardian, or caretaker, or a person mandated to report pursuant to subdivision 3, has a duty to report if a lack of medical care may cause serious danger to the child's health. This section does not impose upon persons, not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care, a duty to provide that care;
- (6) prenatal exposure to a controlled substance, as defined in section [253B.02, subdivision 2](#), used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;
- (7) "medical neglect" as defined in section [260C.007, subdivision 6, clause \(5\)](#);
- (8) chronic and severe use of alcohol or a controlled substance by a parent or person responsible for the care of the child that adversely affects the child's basic needs and safety; or
- (9) emotional harm from a pattern of behavior which contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.

- "Physical abuse" means any physical injury, mental injury, or threatened injury, inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental

injury that cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section [125A.0942](#) or [245.825](#).

Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian which does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by section [121A.582](#). Actions which are not reasonable and moderate include, but are not limited to, any of the following:

Actions which are not reasonable and moderate include, but are not limited to, any of the following:

- (1) throwing, kicking, burning, biting, or cutting a child;
- (2) striking a child with a closed fist;
- (3) shaking a child under age three;
- (4) striking or other actions which result in any non-accidental injury to a child under 18 months of age;
- (5) unreasonable interference with a child's breathing;
- (6) threatening a child with a weapon, as defined in section [609.02, subdivision 6](#);
- (7) striking a child under age one on the face or head;
- (8) striking a child who is at least age one but under age four on the face or head, which results in an injury;
- (9) purposely giving a child poison, alcohol, or dangerous, harmful, or controlled substances which were not prescribed for the child by a practitioner, in order to control or punish the child; or other substances that substantially affect the child's behavior, motor coordination, or judgment or that results in sickness or internal injury, or subjects the child to medical procedures that would be unnecessary if the child were not exposed to the substances;
- (10) unreasonable physical confinement or restraint not permitted under section [609.379](#), including but not limited to tying, caging, or chaining; or
- (11) in a school facility or school zone, an act by a person responsible for the child's care that is a violation under section [121A.58](#).

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date



## **Closed Dates 2024**

Please keep this sheet for future reference

<b>New Year's Day</b>	<b>Monday, January 1</b>
<b>Teacher Cont Ed</b>	<b>Monday, February 19</b>
<b>Good Friday</b>	<b>Friday, March 29</b>
<b>Memorial Day</b>	<b>Monday, May 27</b>
<b>Independence Day</b>	<b>Thursday July 4, AND Friday, July 5</b>
<b>Labor Day</b>	<b>Monday, September 2</b>
<b>Thanksgiving</b>	<b>Thursday, November 28 AND Friday, November 29</b>
<b>Christmas Eve/Day</b>	<b>Tuesday, December 24 AND Wednesday the 25</b>



ParentPowered  
**TEXTS**

# Have fun and boost your child's learning!

Sign up for

Think Small ParentPowered **TEXTS**

Signing up is free and easy.

Each week, you'll receive three text messages of fun facts, and easy tips on how increase your child's motor skills, improve language and health development, to help get them ready for kindergarten.

## Monday **FACT**

## Wednesday **TIP**

## Friday **GROWTH**

WEEK

1

Preschool is when many children begin learning how to write letters. Kids can get ready for this big step by making letters with everyday objects.

During snack time, have a letter building party. Can your child make a T, X, L & N out of snacks like cheerios? What about curvy letters like S?

Keep making letters to prepare your child for kindergarten! Before dinner, try using toothpicks, tinfoil or straws to make all of the letters in your child's name.

WEEK

2

Understanding how others feel is essential for forming friendships. You can help your child develop this skill by talking about other people's emotions.

As you read a bedtime book, pause when a character is feeling sad or scared. Ask: How is s/he feeling? How can you tell? Have you ever felt that way?

Keep talking about how others feel! Now when you read about a character who feels sad or scared, ask: What would you do to help him/her feel better?

For English, Spanish and Somali texts see below.

English

Text TS to 70138

Español

Enví un mensaje de texto con el código TS ESP a 70138

Somali

U qor/text TS SOM 70138

Learn more at [ThinkSmall.org/texts](http://ThinkSmall.org/texts)



@ThinkSmallEarlyLearning



@ThinkSmallMN #ThinkSmallTexts

Questions? Contact Diana Neidecker: 651-641-3555 (ext. 555) or [dneidecker@thinksmall.org](mailto:dneidecker@thinksmall.org)

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## Family Support Services available at

<https://www.parentaware.org/learn/>



### [Health and Safety for Your Child During the Pandemic](#)

Ask your childcare program about their COVID-19 preparedness plan.



### [Finding Child Care: A Guide for Families](#)

You know your child. We know childcare and early learning. Use this guide to help you find the right place for your child.



### [Checklist: Narrowing Down Your Search](#)

You've used the online search or called Parent Aware and have a list of programs. Now what? Use the Choosing Care Checklist to guide the next steps of your search.



### [Counting the Stars](#)

No two stars are the same. Each Star Rating builds on the next, helping families identify programs preparing their kids to shine.



### [What's Your Type?](#)

When beginning your search for a quality program, it's helpful to know what types of programs may be most appropriate for your child. We've outlined the basics.



### [Food and Nutrition Programs](#)

Keeping your family fed is important. These programs may be able to help you keep your family healthy.



### [Low-Income Support](#)

There are several programs that offer resources for families struggling to meet basic home and employment needs.





### [Covering Health Care Expenses](#)

Need help covering medical and health care costs? These programs might be able to help.



### [Housing Assistance](#)

Need help meeting your housing and other daily needs? These services offer childcare, nutrition, housing, transportation, and income support.



### [Health and Safety and Licensing](#)

Licensing helps ensure that childcare and early education programs are meeting basic health and safety standards.



### [Serious Injury Information](#)

States must make information available concerning the aggregate number of deaths, serious injuries and instances of substantiated child maltreatment that occur in childcare settings each year.



### [Affording the Care You Want](#)

The cost of care can be the deciding factor when choosing a program for your child. Here you will find information on Early Learning Scholarships, Child Care Assistance Program and other financial supports.



### [Resources for LGBTQ Families](#)

LGBTQ families may have additional considerations when choosing childcare. Use these questions and resources to find a program that is sensitive and respectful.



### [Children with Special Needs](#)

Some children need additional support. These resources help families access services to help their children grow and develop.



### [More Statewide Resources](#)

Services are available to make a child's early beginnings the best beginnings. Early learning and care resources and support are in place to help all children succeed in school and life.