School Age Information Sheet 2016 - 2017

Bethlehem CHILD CARE CENTER

Child's Full Name: _____ Grade: _____

School: _____ School Phone: _____

Teacher: _____

Transportation Information

From BCCC to School Bus Number: _____ Pick up Time: _____
(Often the bus information is not sent out until late summer. Please notify BCCC when you have the information.)
Corner of bus pickup: _____

From School to BCCC Bus Number: _____ Drop off Time: _____
(Often the bus information is not sent out until late summer. Please notify BCCC when you have the information.)
Corner of bus drop off: _____

Contracted Hours

We will need care for _____ at the times designated below.
(*child's name)*

	Example	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Morning parent drop off	*7:30 am*					
Morning bus pickup	*8:30 am*					
Afternoon bus drop off	*3:30 pm*					
Afternoon parent pick up	*5:15 pm*					
Total Hours	*2.75 hrs*					

Total Hours per week: _____ round up to nearest hour: _____

We bill by the hour. Take the weekly total number of hours and round up if it is not a whole number. The hourly rate for the 2016-2017 school year is $7.10. Children must be enrolled at least two days per week for a minimum of four total hours a week. There is a $40 reservation fee due with paperwork. The $40 reservation fee will be applied to your child's October tuition if there are no changes to this schedule between June 6 and October 1, 2016.

If your child is moving from our preschool program and entering our school age program you need to submit an updated physical and immunization record.

For new children there is a one time, non-refundable registration fee of $60. You will also need to fill out a complete registration packet before your child can begin at BCCC. These forms can be emailed to you.

Changes in contracted hours during the school year require **a two week written notice** to the Director.

Parent/Guardian signature _____ Date: _____

Email address: _____

APPLICATION FOR ENROLLMENT

Bethlehem
CHILD CARE CENTER
3141 43rd Ave S
Minneapolis, MN 55406
612-721-2290, phone
612-721-6573, fax
bethlehemchildcare@yaho.com

Today's Date: _____

Child's Name: _____ Male / Female

What name do you want your child called at BCCC ? _____

Child's Date of Birth: _____

Program: Beginners Pre-Kindergarten School Age

Child's Address: _____

_____

Parent /Guardian(s):

1. Name**:_____** Occupation: _____

Parent address, if different from child's: _____

Home#:_____Work#_____ Cell#_____

E-mail: _____ cell phone carrier (for texts): _____

2. Name: **_____**Occupation: _____

Parent address, if different from child's: _____

Home#:_____Work#_____ Cell#_____

E-mail: _____ cell phone carrier (for texts): _____

Marital Status of Parents/Guardians: _____

Custody-Visiting Arrangements: _____

EMERGENCY INFORMATION (Required)

Child's Health Clinic/Doctor: _____

Address: _____ Phone: _____

Child's Dentist: _____

Address: _____ Phone: _____

***We are required to have a minimum of 2 emergency contacts: name, address & phone** *

Persons to be called in case of emergency/authorized to pick up child (other than parent):

1. Name: _____ Relationship to child: _____

   Address: _____ Phone: _____

2. Name: _____ Relationship to child: _____

   Address: _____ Phone: _____

Anyone who MAY NOT pick up your child: (example: a parent without custodial rights):

_____

***Unless otherwise indicated we will assume that emergency contacts are also authorized to pick up your child.**

B.C.C.C. NEW CHILD INFORMATION

Bethlehem CHILD CARE CENTER

How did you come to know about BCCC? _____

_____

Please describe previous experiences your child had with child care/preschool? _____

_____

What do you hope your child will gain from enrolling at BCCC? _____

_____

_____

What would you like your child's teachers to know about his/her style? _____

_____

_____

Does your child nap? _____ When? _____

What time does your child go to bed at night? _____ Wake up? _____

Does your child have any special fears? _____

Does your child have any problems with vision or hearing? If so, please explain _____

_____

Does your child receive any special services? If so, please explain. Do you have any concerns about any aspect of your child's development? _____

_____

Has your child had any serious accidents or operations? If so, please describe _____

_____

Does your child play well alone? _____ In groups? _____

Please circle words below that describe your child:

Happy	Aggressive	Dependent	Stubborn	Clumsy	Alert
Friendly	Good-natured	Impulsive	Fearful	Quiet	Active
Moody	Even-tempered	Attentive	Sympathetic	Sleepy	Slow to warm up

Other: _____

What are the names and ages of other siblings? Any other information that would help us get to know your child's family better (step-parents, grandparents, adoption, other care givers)? _____

_____

To help us celebrate and reinforce your child's cultural background please tell us about holidays and special days that are celebrated in your home. _____

_____

Health Information

Bethlehem
CHILD CARE CENTER

Name: _____

Any Known Allergies: _____

Current Medications: _____

Note: BCCC must be given medication prescribed by your doctor for emergency treatment for allergies. Parent/Guardian will be required to fill out Medication Permission Form anytime staff are asked to dispense medication.

Other Significant Medical Information: (You may be required to have your doctor fill out an Individualized Child Care Plan, ICCP, depending on the medical need.)

_____

_____

_____

_____

_____

_____

_____

Dietary Needs:

_____

_____

_____

I give permission to Bethlehem Child Care Center to:

_____ Apply a sunscreen before going outside.

_____ Apply an insect repellent that is formulated for children to my child before going outside on buggy days.

_____ Take my child on local walks in the neighborhood and to Cooper school to play.

Parent/Guardian Signature: _____ Date: _____

Authorization for Emergency Care

I give permission to Bethlehem Child Care Center to make whatever **emergency** (eg: first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of Bethlehem Child Care Center. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at the expense of the parent. It is understood that in some medical situations, the staff may need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the child's behalf is contacted.

Parent/Guardian signature _____ date_____

Image / Photo Release Form

☐ I hereby give permission for images of my child captured during regular school activities through video, photo and digital camera to be used solely for the purpose of Bethlehem Child Care Center promotional material and publications and waive any rights of compensation or ownership thereto.

I understand that Bethlehem Child Care Center will not identify my child by name during use of any images, nor use any images for any purpose other than stated above, nor release any original images of my child to a third party without a separate signed consent form. I certify that I am the legal parent or guardian of said child.

☐ I do **NOT** give permission for images of my child captured during regular school activities through video, photo and digital camera to be used solely for the purpose of Bethlehem Child Care Center promotional material and publications

Name of Child: (please print) _____

Name of Parent/Guardian: (please print)_____ **Date:**_____

Student Directory

Each year BCCC puts together a student directory. The purpose is to help the children and their families connect with other classmates if they choose. It will include your child's name, address, phone number and, possibly, a photo. Participation is optional, however to be included you must check and sign the portion below.

☐ I give permission to have my child, _____, included in the directory.

☐ I only want my child's name, _____, included in the directory. Do not include personal information or a photo.

☐ I do NOT want my child, _____, included in the directory.

_____ _____

(parent/guardian written name) (parent/guardian signature)

Bethlehem
CHILD CARE CENTER

BCCC Allergy Policy - Acknowledgment

The Bethlehem Child Care Center [BCCC] has some unique characteristics. For example, every child in the preschool program and pre-kindergarten program may bring his or her own lunch. Further, the BCCC incorporates field trips in the curriculum as well as trips to neighboring parks in summer and winter. Further, the use of the entire BCCC facility (including an in-door play area) is also used by church members and invitees to the Church, including other children. Because of these unique characteristics, BCCC cannot ensure that a child with a severe food allergy will not be exposed to the food or substance to which that child is allergic or sensitive.

Parents or guardians of children with a severe food allergy or sensitivity must make childcare staff and the Director aware of their child's food allergies and/or intolerance. Further, every child who has been prescribed an epinephrine auto-injector must have the epi-pen, in its original container and current prescription information on the label, given to the staff and kept at the center. Expired medicine, including epi-pens, may not be administered. If a child who has been prescribed an epinephrine auto-injector plans to go on a field trip, the staff will always take the epi-pen along so it will be readily available in the event of an emergency away from the BCCC.

I, _____, have read the attached Bethlehem Child Care Center Allergy Policy. I am signing this acknowledgment because I understand that BCCC cannot ensure that my child, _____, who has a severe allergy to _____ will not be exposed to the above-stated in the childcare center, or at any time while my child is in the care and custody of BCCC.

_____ _____

Date Signature of Parent or Guardian

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

(or submit the Health Care Source's form that covers theses areas)

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

Important Health Problems	**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: _____
Phone: _____ Address: _____
_____

Date: _____

Child Care Immunization Form

*Must be on file **before** a child attends child care*

Name _____ Birthdate _____

Date of Enrollment _____

Minnesota law requires children enrolled in child care to be immunized against certain diseases or file a legal medical or conscientious exemption.

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

Type of Vaccine DO NOT USE (✓) or (×)	**1st Dose Mo/Day/Yr**	**2nd Dose Mo/Day/Yr**	**3rd Dose Mo/Day/Yr**	**4th Dose Mo/Day/Yr**	**5th Dose Mo/Day/Yr**
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)					
Diphtheria, Tetanus, and Pertussis (DTaP, DTP) • 3 doses during 1st year *(at 2-month intervals)* • 4th dose at 12-18 months • 5th dose at 4-6 years *Indicate vaccine type: DTaP or DTP*					5th dose not required if 4rd dose was given on or after the 4th birthday
Polio (IPV, OPV) • 2 doses in the first year • 3rd dose by 18 months • 4th dose at 4-6 years			4th dose not required if 3rd dose was given on or after the 4th birthday		
Measles, Mumps, and Rubella (MMR) • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years					
***Haemophilus influenzae* type b (Hib)** • 2-3 doses in the first year • 1 dose required after 12 months or older • For unvaccinated children 15-59 months, 1 dose is required • Not required for children 5 years or older					
Varicella (chickenpox) • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years					
Pneumococcal Conjugate Vaccine (PCV) • 3 doses in the first year • 4th dose after 12 months • At least 1 dose is recommended for children 24-59 months in child care					
Hepatitis B (hep B) • 2-3 doses in the first year • 3rd dose (final dose) as late as 18 months					
Hepatitis A (hep A) • 2 doses separated by 6 months for children 12 months and older					
Recommended					
Rotavirus (2-3 doses between 2 and 6 months)					
Influenza (annually for children 6 months or older)					

Name _____

Instructions, please complete:
Box 1 to certify the child's immunization status
Box 2 to file an exemption (medical or concientious)

1. Certify Immunization Status. Complete A or B to indicate child's immunization status.

A. Children who are 15 months or older:

For children who are 15 months or older and who have received all the immunizations required by law for child care:

I certify that that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

_____
Signature of Parent / Guardian OR Physician / Nurse Practitioner / Physician Assistant / Public Clinic

_____ Date

B. Children who are 15 months or younger:

For children who are younger than 15 months OR have not received all required immunizations:

I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date. The dates on which the remaining doses are to be given are:

_____
Signature of Physician / Nurse Practitioner / Physician Assistant / Public Clinic

_____ Date

2. Exemptions to Immunization Law. Complete A and/or B to indicate type of exemption.

A. Medical exemption:
No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):

_____
Signature of physician / nurse practitioner / physician assistant

_____ Date

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)

_____
Signature of physician / nurse practitioner / physician assistant (If disease occured before September 2010, a parent can sign.)

B. Conscientious exemption:
No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

_____
Signature of parent or legal guardian

_____ Date

Subscribed and sworn to before me this:
_____ day of _____ 20____

_____
Signature of notary