



Dear Family,

We are excited to welcome you to Early Years! Below are the necessary forms to fill out.

- **Registration Form** – This form includes information about your child and parent information. Also on that form is a section “Authorized to Release Child” this is where you list anyone who is allowed to pick up your child (ex. Grandparents, Aunts and Uncles, etc.). The people listed in this section will have unlimited access to your child during the center hours.
- **Medical & Emergency Information** – This form is what we will use in the case of illness or emergency. If your child develops a fever of 100 degrees or higher, we would need to contact you. Please list the phone numbers, in the order you would like us to call them.
- **Consent Form** – We have a health consultant that comes monthly, while she is here, she may take a look at kids’ files to check immunization records. Therefore, we need you to give her consent.
- **Typical Weekly Schedule** – Please fill this out according to what their schedule will be. If there are changes that need to be made, please turn in a “Change of Schedule” form to the director.
- **Child Immunization Form** – please have the clinic that your child regularly attends print a copy or fill out the attached form in its entirety.
- **Healthcare Summary** – This sheet needs to be filled out by a doctor or nurse that regularly sees your child. This form is due 30 days after enrollment; please return it as soon as possible!
- **Emergency Information Card** – This form is put in our emergency binder and given to your child’s classroom to contact you in case of an emergency. This form should repeat a lot of the same information as the medical and emergency form.
- **Social Resume** – This form tells us a little about your child and what to expect from them.

Please fill these forms out as completely as possible. Some of the information is duplicated, but please fill them all out.

These forms along with a \$50 enrollment fee are due at the time of enrollment per child.

Thank you for your interest in Early Years!
We look forward to getting to know you and your child!



Registration Form

Please fill out completely and legibly.

For Office Use Only:
 Date of Enrollment: _____
 Start Date: _____
 Date of Termination: _____

CHILD'S INFORMATION

Child's Name _____
(First Name) (Middle Name) (Last Name)
 Date of Birth _____ - _____ - _____ Age _____ Sex M F
 Typical Weekly Schedule: Arrival Time _____ Departure Time _____ Will vary _____
 Meals to attend (circle all that apply) Breakfast (7:45-8:15) Lunch (11:00-11:30) Snack (2:00-2:30)

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____
(First Name) (M.I.) (Last Name)
 Relationship to Child _____
 Address _____
 City _____ State _____ Zip Code _____
 Email Address: _____
 Home Phone #() - Cell Phone #() -
 Employer _____ Work Phone #() - Ext. _____
 Address _____ City _____ Work Hours _____

Parent/Guardian Name _____
(First Name) (M.I.) (Last Name)
 Relationship to Child _____
 Address _____
 City _____ State _____ Zip Code _____
 Email Address: _____
 Home Phone #() - Cell Phone #() -
 Employer _____ Work Phone # _____ Ext. _____
 Address _____ City _____ Work Hours _____

Parents Marital Status (circle one) Married Divorced Single
 Child's Primary Residence (circle all that apply) Both Mother Father
 If divorced, who has legal custody? (circle all that apply) Joint Mother Father

AUTHORIZED TO RELEASE CHILD

Unless otherwise authorized by you in writing, no one but you or your spouse, may pick up your child from Early Years. Please list any others you would like to authorize for this purpose.

Name _____ City _____ Phone _____

Relationship to the child: _____

Name _____ City _____ Phone _____

Relationship to the child: _____

Name _____ City _____ Phone _____

Relationship to the child: _____

Name _____ City _____ Phone _____

Relationship to the child: _____

Name _____ City _____ Phone _____

Relationship to the child: _____

Name _____ City _____ Phone _____

Relationship to the child: _____

REFERRAL INFORMATION

Were you referred to Early Years? Yes No If Yes, by whom? _____

BILLING INFORMATION

Parent/Guardian Name(s): _____

Social Security Number of Parent(s): _____ - _____ - _____

Are you on Childcare Assistance? Yes No If yes, fill out below.

Case Manager's Name _____ Phone _____

PARENT SIGNATURES

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Medical & Emergency Information

Please fill out completely and legibly.

CHILD'S INFORMATION

Child's Name _____
(First Name) (Middle Name) (Last Name)

Date of Birth _____ - _____ - _____ Age _____ Sex M F

Address _____

City _____ State _____ Zip Code _____

PARENT/GUARDIAN EMERGENCY INFORMATION

In the case of illness or an emergency, what is our best means of contacting you?

Parent/Guardian _____ Employer _____

1st Call: (circle one) Work Cell Other _____ Phone #(_____) - _____

2nd Call: (circle one) Work Cell Other _____ Phone #(_____) - _____

Parent/Guardian _____ Employer _____

1st Call: (circle one) Work Cell Other _____ Phone #(_____) - _____

2nd Call: (circle one) Work Cell Other _____ Phone #(_____) - _____

EMERGENCY CONTACT INFORMATION

Please list at least two people other than Parent/Guardian(s) that we would be able to contact if we are unable to get a hold of the Parent/Guardian(s) in case of illness or an emergency.

Name _____
(First Name) (M.I.) (Last Name)

Relationship to Child _____ City _____ State _____

Home Phone #(_____) - _____ Cell Phone #(_____) - _____

Name _____
(First Name) (M.I.) (Last Name)

Relationship to Child _____ City _____ State _____

Home Phone #(_____) - _____ Cell Phone #(_____) - _____

Name _____
(First Name) (M.I.) (Last Name)

Relationship to Child _____ City _____ State _____

Home Phone #(_____) - _____ Cell Phone #(_____) - _____

MEDICAL INFORMATION

Child's Doctor _____

Clinic/Hospital _____

Clinic Phone # () - _____ OR Direct Phone # () - _____

If your child has allergies to anything please list them here.

Allergies _____

If your child has a Medical Condition, we need to be aware of that. Please list here.

Medical Conditions _____

If your child takes any medications daily, please list them here.

Medications _____

DENTAL INFORMATION

Child's/Family's Dentist _____

Office Location _____ Office Phone # () - _____

EMERGENCY CONSENT

It is the policy of *Early Years Enrichment Center* to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____
WHEN ILL/ INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF EARLY
YEARS ENRICHMENT CENTER WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN
AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO
PAY ALL COSTS INCURRED FOR TRANSPORT.

PARENT SIGNATURES

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Early Years Enrichment Center

PERMISSION AGREEMENT

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at Early Years.

I hereby grant permission for my child to leave the center premises under supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for the Director or acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are limited to:

- 1) Administer the necessary first aid and or CPR
- 2) Call 911 and following their recommendations, which may include having a child transported to an emergency hospital.
- 3) Attempt to contact the parent or guardian
- 4) Attempt to contact the child's physician or another physician if the child's doctor is not available.
- 5) Attempt to contact the parent through any of the persons listed on the "Child Information Card" completed for the center.

I understand that any expenses incurred will be the responsibility of the child's family.

I understand that Early Years will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I have been informed that Early Years will not assume responsibility for a child who has not been signed in, nor is Early Years responsible for the supervision of children after they are signed out. For kindergarten and school age children, Early Years will assume the responsibility of your child without being signed in once Early Years has picked up your child from school.

Child's Name _____

Signed _____ Date _____
(Father or legal guardian)

Signed _____ Date _____
(Mother or legal guardian)

Consent to Review Records

I, _____, give permission for my child's records to be reviewed by the center's administrators, authorized Department of Human Services representatives, and the required health consultant.

Signature of Parent _____

Date _____

Typical Weekly Schedule

This schedule will be used every week unless a **written change of schedule** is turned in to the Director's office.

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

CHILD'S NAME: _____

PARENT'S SIGNATURE: _____

Sunscreen and Photography Permission Slip

I give Early Years permission to apply sunscreen to my child _____ (initial line)

I give Early Years permission to photograph _____ (initial line)

Child's name _____

Age _____

Signature of Parent _____

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 _____

Child Care Immunization Record

Must be on file before a CMW attends CMW care.

Name _____ Birthdate _____

Date of Enrollment _____

IMMUNIZATION HISTORY

Fill in the MONTH/YR information for children 2 months of age and older. Vaccine/doses in shaded boxes are not required by law. If child received a combined shot (like Hib-Hep B), write the date in all the boxes that apply.				
Diphtheria, Tetanus, Pertussis (DTP)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> • 3 doses during 1st year (at 2-month intervals) • 4th dose at 12-18 months • 5th dose at 4-6 years or at school entrance 		1		
		2		
		3		
		4		
		5		
Indicate vaccine type: DTap or DT.				
Polio (IPV and/or OPV)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> • 3 doses at 2-18 months • 4th dose at 4-6 years or at school entrance 		1		
		2		
		3		
		4		
Masles, Mumps, Rubella (MMR)		MO	DAY	YR
<ul style="list-style-type: none"> • Required for children 15 months and older • Must be given on or after 1st birthday • 2nd dose at 4-6 years 				
Influenza (type b) (Flu)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> • 3-4 doses for children at 2-15 months • 1 dose ≥ 12 months required • 1 dose for previously unvaccinated children 15 months - 5 years • Not indicated for children 5 years or older 		1		
		2		
		3		
		4		
Varicella (Chickenpox)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> • 1 dose between 12-18 months 				
Disease Data:				
Pneumococcal Conjugate Vaccine (PCV)	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> • 2-4 doses for all children 2-24 months • Consider for unvaccinated children at 24-59 months in child care • Not indicated for children 5 years or older 		1		
		2		
		3		
		4		
Hepatitis B (Hep B)-required for kindergarten	Vaccine	MO	DAY	YR
<ul style="list-style-type: none"> • 3 doses between birth and 18 months 		1		
		2		
		3		

SIGNATURE(S)

A. For children who are 16 months or older and who have received all the immunizations required by law for child care:

I certify that the above-named child is at least 16 months of age and has completed the immunizations which are required by law for child care.

Signature of Parent/Guardian or Physician/Public Clinic _____ Date _____

B. For children who are younger than 16 months or who have not received all the immunizations required by law for child care:

I certify that the above-named child has received the immunizations indicated to the left and will complete the immunizations required by law for child care within 18 months, and/or
immunization is not indicated for medical reasons or laboratory confirmation of adequate immunity exists for the following immunization(s) _____

and/or
the parent/guardian is opposed to certain vaccine(s) as indicated by them in Section C below.

Signature of Physician or Public Clinic _____ Date _____

C. If the parent/guardian conscientiously opposes immunizations:

I hereby certify by notarization that:
I am opposed to all immunizations.
I am opposed to only the vaccines indicated and have had my physician or health care provider complete Section B above. Vaccine(s) I oppose are: _____

Signature of Parent/Guardian _____ Date _____
Subscribed and sworn to before me this _____ day of _____, 20____

Signature of Notary Public _____
(A copy of the notarized statement will be forwarded to the commissioner of health.)

Notary Public Stamp

Child Care Immunization Record - Instructions

Immunization information must be on file before a child attends child care.

Who should complete and sign this form?

Who signs depends on the child's age and situation. Either the parent/guardian, physician/clinic, or child care provider can fill in the child's immunization history.

- If the child is at least 15 months old and has had all the shots required by law, a parent or guardian can sign the form in Section A.
- If the child is younger than 15 months or has not had all the shots required by law, a doctor or representative from a public health clinic must sign in Section B.
- If there are medical reasons why a child can't have or doesn't need any shot(s), a doctor or a public health nurse must sign in Section B.
- If a parent or guardian objects to a certain shot, a doctor or representative from a public health clinic must sign the form in Section B, and the parent or guardian must complete Section C and have it notarized by a notary public.
- If a parent or guardian objects to all shots, they must complete Section C and have it notarized by a notary public.

Notes for Parents

1. Give your child's immunization history to the child care provider when you enroll.

By law, licensed child care providers must keep a form like this one on file for each child. A child care provider can refuse to admit a child who has not received the required shots. The only exceptions are if your child has a medical reason for not receiving a shot or you are conscientiously opposed to immunization.

2. Keep track of your child's shots, and tell your child care provider each time your child gets a shot.

It will save you time if you keep a shot record for each of your children. Be sure to have the record updated each time your child receives a shot.

Child care will be the first of many times you will need the shot record. You will also need this record for school, camp, college, and if you go to a new doctor or clinic.

3. If your child is not up to date on his or her shots, you can catch up.

By law you have 18 months after enrolling for your child to have all his or her required shots. Your child doesn't have to restart a delayed series.

Minnesota children are still getting diseases like measles, mumps, and rubella. These diseases are contagious. They can spread rapidly—especially among groups of children who have not received their shots. And some of them, like pertussis (whooping cough), are much more serious for children than they are for adults. As a parent, you can protect your children by making sure they get all their shots. Most shots are due by 2 years of age.

4. If your child has had the chickenpox, he or she does not need a varicella shot.

Notes for Child Care Providers

1. Be sure you have a complete immunization history on file for all children 2 months of age and older.

This specific form, or an MDH-approved form, is required by law. If you run a licensed child care facility in Minnesota you must have the information this form contains on file before a child enrolls. If a child enrolls at a younger age, you must obtain immunization information when they reach 2 months of age.

2. Keep track of the date when each child's required immunizations are due by law.

If a child is 2 months of age or older and has not yet received all their required shots, you should note the date when these immunizations will be due by law: 18 months after the child enrolls in your facility.

Unless otherwise exempt, Minnesota law requires preschoolers in child care to have shots for DTP, polio, MMR, varicella, PCV, and Hib. Immunization against hepatitis B is not required by law; however, it is strongly recommended for children in child care and is required for kindergarten entry. If the child has had chickenpox disease, he or she does not need a varicella shot.

3. Be sure each child's immunization history clearly indicates whether or not they received pertussis vaccine. (DTP and DTaP contain pertussis vaccine; DT does not.)

Nationwide there has been an increase in pertussis disease (whooping cough). If an outbreak of pertussis disease occurs in your child care center, you will need to be able to quickly identify which children are protected and which are not.

4. Remind parents to immunize children on time.

As a child care provider, you are in an excellent position to help remind parents about immunizations.

Make sure the immunization records you have on file for each child are up to date, and regularly remind parents when shots are due.

Ask your local health department for an updated immunization schedule each calendar year, so you will have the latest information on hand.

Questions?

If you have a question about immunizations, call your clinic or your local public health department.