



Welcome to Little Victories!

The following forms are required on your child's initial visit:

- ▶ 4 Page Registration Form
- ▶ Emergency Card
- ▶ **Immunizations** - *Copy of immunizations or we will fax a request on your behalf from your physician.*
- ▶ **Health Care Summary** - Please sign the parent release in the upper left hand corner of form and we will fax the form to your provider on your first day.
- ▶ **Tuition Express Form**—Either credit card or ACH authorization form

Thank you!



FLEXIBLE CHILD CENTER & PRESCHOOL

5595 Memorial Avenue

Oak Park Heights, MN 55082

Phone) 651-439-0799 Fax) 651-439-2516

Student Enrollment Form

Child's Name: _____ Birth Date: _____ Today's Date: _____

Address: _____ City/State: _____ Zip Code: _____

Gender: Male Female How did you hear about us? _____

Primary Contact

Parent / Guardian #1: _____ Address (if Different): _____

City/State: _____ Primary Phone: _____ Secondary Phone: _____

Place of Employment: _____ Work Phone: _____

Email: _____ Would you like monthly updates sent to this email? Y / N

Parent / Guardian #1: _____ Address (if Different): _____

City/State: _____ Primary Phone: _____ Secondary Phone: _____

Place of Employment: _____ Work Phone: _____

Email: _____ Would you like monthly updates sent to this email? Y / N

Emergency Contact and Release Persons (Do not include parents and guardians)

Please notify the center if an Emergency Release person will pick up your child on a given day. For the safety of your child, we will request all authorized pick up people with whom staff are not familiar to provide Government issued photo ID at time of pick up.

Name: _____ Phone Number: _____

Address: _____ Relationship to Child: _____

Name: _____ Phone Number: _____

Address: _____ Relationship to Child: _____

Please list any other individuals that **Are Allowed** to pick-up your child from Little Victories:

Please list any one who is **Not Allowed** to pick up your child from Little Victories Child Care

(A copy of the court order is required if a biological parent is not allowed to pick up the child.)

Name(s): _____

Medical Information: Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Does your child have any of the following? If yes, please explain. (Further forms may be needed for licensing purposes.)

Special Needs _____

Allergies _____

Asthma _____

Dietary or Physical Restrictions _____

Other that we should be aware of _____

Is your child taking any Medications? Y or N If yes, what kind and why? _____

Release Agreement (Please initials each item and sign below)

_____ I authorize Little Victories Staff to initiate Emergency Care if the need arises (First Aid/CPR).

_____ I authorize the Little Victories Health Consultant (MN Visiting Nurses Association) to evaluate my child's Enrollment forms during her routine review of the Health Policies.

_____ I authorize Little Victories Staff to apply Sun Screen, Diapering Products, Insect Repellant, Lotion, or Lip Balm (**WHICH I PROVIDE**) to my child as needed.

_____ Little Victories Child Care is authorized to take my child on Field Trips by Bus (**3 YRS. AND OLDER**). I understand that I will need to complete a Permission Form for each filed trip.

_____ I give my permission for Little Victories to take my child's picture which may be displayed.

_____ I have received, read and understand the policies stated in the Little Victories Parent Policy Manual.

Parent's Signature: _____ Date Signed: _____

Schedule, Payments, Reservations and Tuition Agreement Form

Reoccurring Schedule - *If you would like a reoccurring schedule and to pay only when your child is present. Please complete the schedule below.* Starting Date: _____

Day	Drop off Time	Pick Up Time	Lunch Y/N
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Weekly Rate of \$ _____ will apply.			

Payments - The preferred method of payment is Tuition Express. All clients will be billed on Monday for the previous week. Clients who are unable to use Tuition Express must pre-pay for all services. Little Victories accepts cash, checks, Visa, MC and Discover. A \$10 service charge will be assessed to all returned checks.

Reservations – Reservations for 3 or more hours may be submitted anytime in advance and may be set up to reoccur weekly. Reservations for less than 3 hours may be submitted 1 day in advance and are subject to availability. Families are billed for the entire time of the reservation plus any additional time their child spends in the center. Reserved time **may be cancelled or changed up to 6:00am the day of** the scheduled time. (A voice mail may be left the night before). Reservations that are not cancelled or changed in this manner will be billed to the client. If a child goes home early for any reason, families remain to be billed for the entire time of the reservation. ***Little Victories reserves the right to terminate a reoccurring reservation that totals less than 8 hours/week in order to accommodate a 3-5 day reoccurring reservation.***

Traditional Rate Plan enrollment agreement: *(Please check the applicable tuition)*

_____ \$260/wk infant (6weeks—15 mo) _____ \$210/wk Toddler (16mo -3 ½ yrs.) _____ \$200/wk (3 ½ yrs. and up and potty trained).
 _____ \$185 School Age Summer Program.

Weekly tuition will be due on Mondays for the previous week. Full Tuition is still payable for when children are absent and when Little Victories is closed due to a holiday or training of staff. Little Victories will be closed New Year’s Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, the day after Thanksgiving and Christmas Day. If the holiday falls on a weekend, the adjacent day will be used as the holiday. Families that change to part time care will need to submit this page with the new schedule indicated above. Families that take a full week of vacation will only be billed ½ of their tuition rate. Once a family had been enrolled in Little Victories for 1 year they will receive 1 free week of vacation tuition. These weeks must be taken in a Monday-Friday sequence. Families must notify Little Victories 1 week in advance when discontinuing their care or taking a vacation. If notice is not properly given to Little Victories, families will be charged one week of full tuition regardless of their child’s attendance.

I have read, understand and will comply with the Schedule, Payments, Reservations and Tuition Agreement stated above.

 Printed name of Parent/Guardian

 Signature of Parent/Guardian

 Date

Getting to know your child

The following information will be passed on to your child's teachers to help them get to know your child better. The more we know about your child the more we can do to help make him or her feel welcomed and comfortable. Please take the time to answer the following questions and add any other information you feel would be beneficial for us to know about your child.

Child's Name: _____ Birth date: _____

Parents Names: _____

Where do you live? _____

Who lives with you and what is their relation? _____

If child shares homes with mom and dad, what is the visitation schedule?

Any Siblings? _____ If so, what are their names and ages? _____

Do you have any pets? _____ If so, what are their names? _____

What are your child's favorite activities? _____

What is your child's favorite toy? _____

What is your child's favorite movie? _____

What are your child's favorite foods? _____

What is your child's eating habits? _____

Does your child have any food allergies? _____

Has your child attended a child care center before? _____

How do you comfort your child when he or she is sad? _____

Does your child have a comfort item? (Blanket/stuffed animal/etc) _____

Have there been any recent events we should know about? (move, illness or death in the family, etc)

Additional Comments:

Little Victories Flexible Child Center ~~ Emergency Card

Child's Name _____ Date of Birth _____

Address _____ City/State/Zip: _____

Mother's Name: _____ Primary Phone: _____

Secondary Phone: _____ Work: _____

Father's Name: _____ Primary Phone: _____

Secondary Phone: _____ Work: _____

Authorized Pick-Up/ Emergency Contacts: (other than parents or physicians)

Name _____ Phone Contacts: _____

Name _____ Phone Contacts: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Please list any one who is Not Allowed to pick up your child from Little Victories

(A copy of the court order is required if a biological parent is not allowed to pick up the child.)

Fold Line

_____ Date _____ Parent's Signature: _____

behalf.

In case of medical emergency, I understand that my child will be transported to the nearest 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 parents' expense. It is understood that in some medical situations, Little Victories will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parents' behalf.

I give permission to Little Victories Child Care to make whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the center.



5595 Memorial Avenue
Oak Park Heights, MN 55082
Phone: 651-439-0799
Fax: 651-439-2516

Health Care Summary

Due 30 days after First Visit

Must be completed by health care source

Physician: _____

Phone: _____ Fax: _____

I _____ (parent's name) Parent/guardian of
 _____ (child's name) give Little Victories permission to
 obtain a Health Care Summary for the above listed child for
 enrollment in Little Victories.

 Signature Date

Date of Enrollment: _____ Name of Child _____ Date of Birth _____

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>
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the child care program _____

Signature of Health Source: _____ Phone: _____

Address: _____ Date: _____

IMMUNIZATION HISTORY: Fill in the MO/DAY/YR information for children 2 months of age and older. If child received a combined shot (like Hib-hep B), write the date in all the boxes that apply. Vaccine doses that are circled ○ are not required by law.

Diphtheria, Tetanus, Pertussis (DTaP)	Vaccine	Dose	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 Indicate vaccine type: DTaP or DT.		1			
		2			
		3			
		4			
		⑤			
Polio (IPV and/or OPV)	Vaccine	Dose	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			
Measles, Mumps, Rubella (MMR)	Vaccine	Dose	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 		1			
		②			
Haemophilus influenzae type b (Hib)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 3-4 doses for children at 2-15 months • 1 dose for 12 months or older required • 1 dose for previously unvaccinated children 15-59 months • Not indicated for children 5 years or older 		1			
		2			
		3			
		④			
Varicella (Chickenpox)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 1st dose between 12-18 months • 2nd dose at 4-6 years or at school entrance (required for kindergarten) 		1			
		②			
Disease Date:					
Pneumococcal Conjugate Vaccine (PCV)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 2-4 doses for 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	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 3 doses between birth and 18 months 		①			
		②			
		③			
Rotavirus	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 2-3 doses between 2 and 6 months 		①			
		②			
		③			
Influenza (LAIV or TIV)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 1 dose annually for children 6 months or younger (1st time influenza immunization requires 2 doses) 		①			
		②			
Hepatitis A (Hep A)	Vaccine	Dose	MO	DAY	YR
<ul style="list-style-type: none"> • 2 doses separated by 6 months for children 12-24 months 		①			
		②			

Child Care Immunization Record

Must be on file before a child attends child care.

Name: _____

Birthdate: _____ Date of Enrollment: _____

SIGNATURE(S)

A. For children who are 15 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 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. 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.

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

C. For children who have a history of disease or are medically exempt from vaccine (s):

The following immunization(s) are not indicated because of medical reasons, history of disease, or laboratory confirmation of adequate immunity: **(See below for varicella disease.)**

Signature of Physician/Nurse Practitioner/Physician Assistant _____ Date _____

Starting September 2010 (Before September 2010, a parent can sign.):

For children who are 18 months or older who have a history of varicella disease:

I certify that varicella immunization is not indicated for the above-named child due to a history of varicella disease that I have diagnosed or had adequately described to me by the parent to indicate past varicella infection in _____ year.

Signature of Physician/Nurse Practitioner/Physician Assistant (Before September 2010, a parent can sign.) _____ Date _____

D. If the parent/guardian conscientiously opposes immunizations:

I understand that not following vaccination recommendations may endanger the health or life of my child and others that my child might come in contact with. I hereby certify by notarization that:

I am opposed to all immunizations.

I am opposed to only the vaccines indicated. Vaccine(s) I oppose:

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, health care provider, 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, then a health care provider must sign in Section B, saying the child has begun the required shots or can't for medical reasons.
- Starting in September 2010, if the child is 18 months or older and has had varicella disease (chickenpox), a health care provider must sign in Section C. (Before September 2010, a parent can sign.)
- If a parent or guardian objects to a certain shot or all shots, the parent or guardian must complete Section D 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.

Minnesota law (Minn. Stat. 121A.15) requires children enrolled in a Minnesota child care to be immunized against certain diseases or have a legal exemption. This form is designed to provide the child care provider with the information required by law. This or a similar form must be kept on file with the child care provider.

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 chickenpox, he or she does not need a varicella shot.

But starting in September 2010, if the child is 18 months or older and has had varicella disease (chickenpox), a health care provider must sign in Section C. (Before September 2010, a parent can sign.)

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 they are otherwise exempt, Minnesota law requires preschoolers in child care to have shots for DTP, polio, MMR, PCV, Hib, and varicella. If the child has had chickenpox disease, he or she does not need a varicella shot, but starting in September 2010, they must have a health care provider's signature to document the year the child had chickenpox. Immunization against hepatitis A, hepatitis B, rotavirus, and influenza are not required by law; however, it is strongly recommended for children in child care.

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

Nationwide there has been an increase in pertussis disease (whooping cough). If an outbreak of pertussis 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.

Immunization Program
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-5503 or 1-800-657-3970
www.health.state.mn.us/immunize
IC#140-0163 (MDH, 6/2010)





ProCare Software

Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _____, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____			Bank or Credit Union Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Routing Transit Number (see sample below)

Account Number (see sample below)

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____

Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Account Check
Number Number Number

Please attach a copy of a voided check here. Deposit slips not accepted.

