

VERNDALE AREA CHRISTIAN ACADEMY AND CHILD CARE

Enrollment Application

402 NE Clark Drive, Verndale, MN. 56481 | (218) 445-1525

Date of Enrollment: _____

Childs Name: _____ **Date of Birth:** _____ **Sex:** M/F

Address: _____

City/State: _____ **Zip Code:** _____

Enrolling Parent/Guardian's Name: _____

Address: _____

City/State: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____ **Driver's License Number:** _____

Place of Employment: _____ **Phone:** _____

Second Parent/Guardian's Name: _____

Address (if different): _____

City/State: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____ **Driver's License Number:** _____

Place of Employment: _____ **Phone:** _____

Child Live with: Both Parents _____ Mother _____ Father _____ Grandparents _____ Other _____

Authorization to Pick-Up Child

***Proper Notification and Identification is required before the child will be released to anyone.**

| Name | Relationship to child | Phone Number |
|------|-----------------------|--------------|
| | | |
| | | |
| | | |

| Name | Relationship to child | Phone Number |
|------|-----------------------|--------------|
| | | |
| | | |
| | | |

| Name | Relationship to child | Phone Number |
|------|-----------------------|--------------|
| | | |
| | | |
| | | |

Please list anyone who is **NOT ALLOWED** to pick-up your child from VACA Child Care Center. (A copy of the court order is required if a parent is not allowed to pick up the child)

Names: _____

Authorized Emergency Contacts – Required

We will contact if we are unable to reach either parent/guardians and will be authorize to pick-up the child. Please ensure the Authorized Emergency Contacts match those on your Emergency Card.

Name: _____ Phone Number: _____
 Address: _____ Relationship: _____
 Name: _____ Phone Number: _____
 Address: _____ Relationship: _____
 Name: _____ Phone Number: _____
 Address: _____ Relationship: _____

Medical Information

Child’s Physician/Clinic: _____ Phone Number: _____
 Address: _____
 Child’s Dentist: _____ Phone Number: _____
 Address: _____
 Does your child have any **Allergies**? Yes _____ No _____ Please describe if Yes: _____

Are there any **Medical** concerns or needs concerning your child that we should be aware of?
 Yes _____ No _____ Please describe if Yes: _____

Release Agreement

**Please read, initial and sign below:

- _____ 1. I have received a copy of the fee schedule and have determined the number of days and fee associated for my child’s schedule. I understand that if my child does not attend that he/she is scheduled, it is my responsibility to pay for that day. Please see handbook for sick day policy.
- _____ 2. I agree to pay in advance, by Monday morning for the next week’s tuition.
- _____ 3. I am aware that I will be charged a late fee for payments received after noon Monday of current week.
- _____ 4. I have received a copy of the Parent Handbook. I know it is my responsibility to read it.
- _____ 5. I authorize Verndale Area Christian Academy Child Care staff to initiate emergency medical and dental care (i.e. CPR/First Aid) and to call Emergency Personnel (911), if need arises.
- _____ 6. I authorize Verndale Area Christian Academy Child Care staff to contact Poison Control, if need arises, and follow any guidelines they recommend for my child.
- _____ 7. I authorize VACA Child Care staff to apply sunscreen (which I will provide) to my child as needed.
- _____ 8. I authorize VACA Child Care staff to apply insect repellent (which I will provide) to my child as needed.
- _____ 9. I authorize VACA Child Care staff to apply diaper rash cream (which I will provide) to my child as needed.
- _____ 10. I hereby give permission for my enrolled child in VACA Child Care to have photos taken and printed in newspapers, newsletters, school website for purposes of publicizing the program, reports on program progress, and sharing special events with the public. I understand that this could include videotaping.
- _____ 11. I hereby give permission for the exchange of any information between VACA Child Care and School district staff whenever such exchange would enable either party to better meet the needs of my child.
- _____ 12. I authorize VACA Child Care staff to take my child on walks as weather permits. Also, upon

notification and my signature of permission, the center is authorized to take my child on planned field trips on foot or parent transportation. I also understand that no refunds will be given unless the field trip is canceled by VACA Child Care.

Verndale Area Christian Academy and Child Care will not be responsible for anything that may happen as a result of false information given as part of the enrollment process.

Parent Signature: _____ **Date:** _____

TYPICAL SCHEDULING

Please mark what your typical schedule would be each week. If you have a flex schedule where the day off changes just mark that in the last box and be sure to fill out the schedules for us to do billing.

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | FLEX DAYS |
|--------|---------|-----------|----------|--------|-----------|
| In: | In: | In: | In: | In: | In: |
| Out: | Out: | Out: | Out: | Out: | Out: |

Dear Parents,

As we increase our enrollment we would like to update and share photos of the children on our website and Facebook page. If you are ok with this, **please initial yes or no and sign below.** We want to respect your privacy so know that your child will not be photographed and used on these pages unless we have your permission, but we will still take photos for in house for us to share with you.

Thank you,

Verndale Area Christian Academy

_____ **YES**, I am ok with my Child’s photo being shared on VACA’s publications, Social Media & Website.

_____ **NO**, I am ok with my Child’s photo being shared on VACA’s publications, Social Media & Website.

VERNDALE AREA CHRISTIAN ACADEMY AND CHILD CARE

(for 0 months- 16 months)

Child's Name: _____ Birth date: _____

FAMILY AND SOCIAL BACKGROUND:

Members of household and their relationship to your child:

Marital status of Parents: _____

Other (explain): _____

Custody/visiting arrangements: _____

If child is adopted, at what age: _____ Does child know they are adopted? _____

Has your child ever attended a child care center? Y/N If so, where? _____

How long? _____ Was it successful placement? _____

If not, why? _____

DEVELOPMENTAL BACKGROUND OF CHILD

Describe your infant/child's day:

1. Eating, including any dietary restrictions: _____
2. Sleeping, including naps and how long: _____
3. Toileting: _____
4. Communication: _____

What are child's favorite indoor play activities? _____

What are child's favorite outdoor play activities? _____

Does your child have any special fears? _____

What special things do you do when your child is sad or needs to be comforted? _____

What Method of behavior guidance is used in your home? _____

How would you describe your child's personality? _____

Is any language other than English spoken in your home? _____

Does your child know any sign language? _____ If yes, what signs? _____

FAMILY TRADITIONS AND CUSTOMS

What are your family traditions and customs? _____

THANK YOU

VERNDALE AREA CHRISTIAN ACADEMY AND CHILD CARE

(for 16 months- 5 years)

Child's Name: _____ Birth date: _____

FAMILY AND SOCIAL BACKGROUND:

Members of household and their relationship to your child:

Marital status of Parents: _____

Other (explain): _____

Custody/visiting arrangements: _____

If child is adopted, at what age: _____ Does child know they are adopted? _____

Has your child ever attended a child care center? Y/N If so, where? _____

How long? _____ Was it successful placement? _____

If not, why? _____

DEVELOPMENTAL BACKGROUND OF CHILD

Does child dress self? _____ Undress self? _____ Feed Self? _____ Right/Left Handed? _____

Will child take naps? _____ How long? _____

Are there any dietary restrictions? _____

What are child's favorite indoor play activities? _____

What are child's favorite outdoor play activities? _____

Does your child have any special fears? _____

What special things do you do when your child is sad? _____

Please list any comforting things you do for your child? _____

What Method of behavior guidance is used in your home? _____

How would you describe your child's personality? _____

Is any language other than English spoken in your home? _____

Does your child know any sign language? _____ If yes, what signs? _____

FAMILY TRADITIONS AND CUSTOMS

What are your family traditions and customs? _____

THANK YOU

VERNDALE AREA CHRISTIAN ACADEMY AND CHILD CARE

(for School-age)

Child's Name: _____

FAMILY AND SOCIAL BACKGROUND:

Members of Household and their relationship to your child:

Marital status of Parents: _____

Other (explain): _____

Custody/visiting arrangements: _____

If child is adopted, at what age: _____ Does child know they are adopted? _____

Has your child ever attended a child care center? Y/N If so, where? _____

How long? _____ Was it successful placement? _____

If not, why? _____

DEVELOPMENTAL BACKGROUND OF CHILD

Does your child have allergies- If yes, what? _____

Are there any dietary restrictions? _____

What are child's favorite indoor play activities? _____

What are child's favorite outdoor play activities? _____

Does your child have any special fears? _____

What special things do you do when your child is sad? _____

Please list any comforting things you do for your child? _____

What method of behavior guidance is used in your home? _____

How would you describe your child's personality? _____

Is any language other than English spoken in your home? _____

FAMILY TRADITIONS AND CUSTOMS

What are your family traditions and customs? _____

THANK YOU

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) • 4 th dose at 12-18 months • 5 th dose at 4-6 years Indicate vaccine type: <i>DTaP or DTP</i> | | | | | | |
| | | | | | 5th dose not required if 4th dose was given on or after the 4th birthday | |
| Polio (IPV, OPV) • 2 doses in the first year • 3 rd dose by 18 months • 4 th 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 • 1 st dose on or after 1 st birthday • 2 nd 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 • 1 st dose on or after 1 st birthday • 2 nd dose at 4-6 years | | | | | | |
| Pneumococcal Conjugate Vaccine (PCV) • Required for children age 2 - 24 months • 3 doses in the first year • 4 th 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 • 3 rd dose (final dose) by 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 conscientious)

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 occurred 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 (A copy of the notarized statement will be forwarded to the commissioner of health.)

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> |
|----------------------------------|------------------------|--|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Other information helpful to the child care program _____

Phone _____

Signature of Health Source _____

Address _____

Date _____

WADING POOL CONSENT FORM

By signing this form, I am acknowledging that I have read the document titled: “Face Sheet: Risks of Wading Pools at Child Care”, I have been given the opportunity to talk with my child care provider about the use of the wading pools, and I understand the risks associated with the use of a wading pools by my child(ren) while they receive child care services. By signing this form, I acknowledge that the provider’s pool may not be inspected or monitored by the Department of Health, the Department of Human Services or the County Social Service Agency.

_____ **I DO** consent to my child care provider’s use of the wading pool with my child(ren).

_____ **I DO NOT** consent to my child care provider’s use of the wading pool with my child(ren).

Signature of Parent: _____ Date: _____

Name of Child(ren): _____

Signature of Child Care Provider: _____ Date: _____

Also, all children will be supervised by staff if there is water in the pool, water table, or play tub.

Children who are participating in this activity for the summer can bring an extra swimsuit and towel to leave here for the week. At the end of the week if it has been used, it should be taken home and washed. If your child doesn’t have a suit, please just bring extra shorts and a shirt.

WADING POOLS

Wading pools have been identified as potential sources of disease transmission and as safety hazards.

- Recommendations from the *Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (Third Edition, Standard 6.3.5.3: Portable Wading Pools)* states that portable wading pools should not be permitted in childcare settings.
- Minnesota childcare licensing rules, for both childcare centers and family childcare homes, require that outdoor play areas be free of water hazards and potential sources of fecal contamination that could lead to transmission of enteric pathogens such as *Cryptosporidium* or *Escherichia coli* (*E. coli*) O157:H7.
- **Minnesota Department of Human Services Division of Licensing DHS Rule 3 for Child Care Centers does not allow wading pools for any age group.**

According to reports from the Minnesota Department of Health (MDH), each year several outbreaks of *E. coli* O157:H7 infections are identified in Minnesota in both childcare homes and centers. These outbreaks often cause disruption of parents' schedules and loss of income for the childcare provider because infected children need to be excluded from childcare until they are no longer carrying the bacteria, which can take as long as one to two months. Several other disease-causing agents, including *Giardia*, *Cryptosporidium*, and *Shigella*, are also efficiently transmitted in wading pools. All of these agents can cause severe illness in children and are common in Minnesota.

Unlike swimming pools that are treated to prevent disease transmission, wading pools are typically filled with tap water and may or may not be emptied and disinfected on a daily basis. Thus, many enteric pathogens (germs from the stool) can be easily spread by contaminated wading pool water that children may accidentally swallow while playing in the pool. Spread of these infections can occur even under the care of the most diligent and thoughtful childcare providers, since these infections can be spread even when the child only has mild symptoms. For these reasons, wading pools are not appropriate for childcare settings with infants and toddlers who are still in diapers.

In addition, children who are ill with vomiting or diarrhea should not play in any wading pool, pool, or spa. A child known to be infected with enteric pathogens such as *Cryptosporidium* or *E. coli* O157:H7 should not use any pools (see disease-specific fact sheets in Section 6). For some diseases, children should be kept out of pools for a specified time period even after the diarrhea has stopped.

In addition, the U.S. Consumer Product Safety Commission warns that young children can drown in small amounts of water, as little as two inches deep. Submersion incidents involving children usually happen in familiar surroundings and can happen quickly (even in the time it takes to answer the phone). In a comprehensive study of drowning and submersion incidents involving children under five years old, 77% of the victims had been missing from sight for five minutes or less. The Commission notes that toddlers, in particular, often do something unexpected because their capabilities change daily. Child drowning is a silent death, since there is no splashing to alert anyone that the child is in trouble.

Alternatives to wading pools include sprinklers, hoses, or small individual water buckets. All provide water play opportunities that are not potential hazards for drowning or disease transmission.

DISCHARGE POLICY

MUTUAL DECISION BETWEEN PARENT AND CENTER:

A Mutual decision may be reached between the parent and the center whereby both parties agree that placement of the child is inappropriate, and the child would better profit from another placement. Written notice of two weeks must be given or parents will be responsible for payment of fees for those two weeks. If the parent has paid fees in excess of those two week, a refund will be given.

PARENT INITIATED VOLUNTARY DISCHARGE:

Circumstances may arise when parents voluntarily choose to withdraw their child from the center. A two week written notice must be given to the director stating the child's last date of attendance at the center. Parents are responsible for payment of fees for those two weeks. If the parent has paid fees in excess of those two weeks, a refund will be given.

CENTER INITIATED-INVOLUNTARY DISCHARGE (TERMINATION):

Every possible action will be taken in an attempt to resolve an issue and create a correction plan prior to a center-initiated discharge. Though considered a last resort, Verndale Area Christian Academy reserves the right to terminate any enrollment. Under the guidance of the board, the director may discharge a child for the following reasons:

- A. Failure to pay fees. If payment of fees is delinquent for two weeks or more, a child may be discharged.
- B. Failure to observe or cooperate with the policies of the center. The policies of Verndale Area Christian Academy have been established to provide quality care for the children. Any parent or child who fails to follow the policies may put the children in jeopardy. Center policies will be available upon request to review.
- C. Inappropriate or abusive verbal/physical behavior toward staff or children at the center. Immediate discharge may be arranged by the director for inappropriate physical or verbal behavior on the part of parent or a child. This includes open and consistent defiance or disrespect for God and His word.
- D. Need for special services. If Verndale Area Christian Academy cannot meet the needs of a child, parents will be assisted in contacting other agencies within the community that can best serve their child.

SUPPLIES

INFANTS:

- Prepared bottles of breast milk or formula (Labeled with child's name)
- Bottle for water
- Pacifiers (If child uses one)
- Disposable Diapers
- Diaper Ointment (If Using)
- Extra Formula, if used (for Emergency use only)
- Cereal or baby good (Labeled with Child's Name)
- Three sets of seasonally and size appropriate clothing

TODDLERS (16months to 3 years):

- Disposable Diapers or training pants
- Diaper Wipes & ointment (When Used)
- Two sets of seasonally and size appropriate clothing
- Light blanket and/or other comfort object for nap-time
- Small backpack to carry items back and forth each day
- Sweatshirt or sweater

PRESCHOOLERS (3-5 year old):

- One set of seasonally and size appropriate clothing
- Sweatshirt or Sweater
- Light blanket and/or other comfort object for nap-time
- Small backpack to carry items back and forth each day

ALL CHILDREN:

- 3 boxes of Kleenex
 - 3 Containers of Clorox Wipes
- (These will help keep germs down)

THINGS NOT TO BRING:

Please do not send gey or candy to the Center with your child.

As a rule, it is recommended that children do not bring toys from home unless it is for use as a comforting agent, such as a teddy bear at naptime.

Preschoolers may bring one item from home for "Show & Tell" day. We prefer that you help your child select an appropriate item (avoid anything promoting violence) and try to label it in some manner with your child's name.

Thank you for your support in keeping your children happy and safe.