

**Application for Admission Wee Care Day Care**

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of Mother \_\_\_\_\_ Home phone \_\_\_\_\_

Name of Father/guardian \_\_\_\_\_

Address \_\_\_\_\_

Mother's place of work \_\_\_\_\_ Work phone \_\_\_\_\_

Father's place of work \_\_\_\_\_ Work phone \_\_\_\_\_

People AUTHORIZED to pick up child in an emergency:

Name \_\_\_\_\_ phone # \_\_\_\_\_

Name \_\_\_\_\_ phone # \_\_\_\_\_

Name \_\_\_\_\_ phone # \_\_\_\_\_

People NOT AUTHORIZED to pick up child:

Name \_\_\_\_\_

Name \_\_\_\_\_

Child's Doctor \_\_\_\_\_ phone # \_\_\_\_\_

Address of Doctor \_\_\_\_\_

Child's Dentist \_\_\_\_\_ phone # \_\_\_\_\_

Address of Dentist \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_

APPLICATION FEE: \$40.00/child or \$50.00/family registration fee is to be paid and turned in with a completed application form and immunization records. The registration fee is non-refundable unless the applicant is not accepted.

A physical may be done, and paperwork turned in, within 30 days.

Have you been informed of Wee Care's Christian education program? \_\_\_\_\_

Have you had a tour? \_\_\_\_\_

If not, ask the Director to explain our Christian education to you and take a tour.

## Registration/Family & Social History

Siblings: list name and ages:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Family remarks \_\_\_\_\_

Has your child had any other play group experiences? \_\_\_\_\_

If yes, where? \_\_\_\_\_

What are your child's favorite indoor play activities? \_\_\_\_\_

Outdoor play activities? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

What method of discipline is used in your home? \_\_\_\_\_

Developmental History of your child

Is your child toilet trained? \_\_\_\_\_ Usual time for B.M. \_\_\_\_\_

Word child uses for Urination \_\_\_\_\_ Bowel Movement \_\_\_\_\_

Other words your child uses that a teacher should know of:

\_\_\_\_\_

Does your child dress him/ herself? \_\_\_\_\_ Undress self? \_\_\_\_\_

Are there any diet restrictions? \_\_\_\_\_

Does your child have any speech problems? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Any other problems we should be aware of? \_\_\_\_\_

## Contract for Enrollment

I, \_\_\_\_\_ am enrolling my son/daughter in Wee Care Day Care Center. My child will attend the center the days and approximate times listed. A request to change must be made to and approved by the Director or person in charge for the day.

	Arrival Time	Departure Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

I will pay my child's tuition according to the rates set and listed in the Parent Handbook for the current fiscal year. I understand the prices may increase on a yearly base. I have read the Parent Handbook and will adhere to the regulations contained within it. I will adhere to any additional regulations deemed necessary by the State of Minnesota or by the Center.

Signed \_\_\_\_\_

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

## Registration/Health History

Does your child have frequent:

- colds
- stomachaches
- earaches
- sore throats
- vomiting
- high fevers
- loose bowel movements

Any other past illnesses we should know about? \_\_\_\_\_

Any past hospitalizations? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

How does the allergy show itself? \_\_\_\_\_

Is your child on any medications? \_\_\_\_\_

Are there any activities your child can not participate in because of health?

\_\_\_\_\_

How is your child's overall health? \_\_\_\_\_

Anything else the Center should be aware of? \_\_\_\_\_

What are your child's napping habits? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

Any other habits of eating, toileting or communication that you could tell us about?

\_\_\_\_\_

**Use of sunscreens/insect repellents**

According to DHS regulations, Wee Care needs permission to apply sunscreen, insect repellent, commercial wipes and diaper rash medications.

I request that the Wee Care staff apply sunscreen, insect repellent, commercial wipes or diaper rash medications (which I provide) when needed to my child\_\_\_\_\_.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Activity and Emergency consent**

I hereby grant permission for my child to use all the play equipment and participate in all the activities of the Center. This applies to everyday that Wee Care staff cares for my child, including picnics, walks on Luther Seminary Campus or any other activities.

I hereby grant permission for the Director or Acting Director to take steps needed in a medical emergency for my child. This may include: 1. calling the parent, 2. calling the child's doctor, 3. calling anyone else on the child's emergency form.

If all these attempts are unsuccessful, and the Director or Acting Director deems necessary, they will call 911.

I understand that any expenses will be paid for by the child's family.

If I need Wee Care staff to give medication to my child, I will complete a medication authorization form signed by me.

All the above arrangements are in effect as long as my child is enrolled in Wee Care Day Care.

Child's name \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

# Health Care Summary For Child Care Attendance

FORM H-300

(to be completed by physician/nurse practitioner)

Program Name: _____	Date of enrollment: ___/___/___
Child's Name: _____	Date of Birth: ___/___/___
Address: _____	
Street _____	City _____ State _____ Zip _____ Phone No. _____
Parent/Guardian: _____	

Date of last physical exam: \_\_\_\_\_

Is the child up-to-date on their immunizations?  Yes  No

If no, plan for bringing the child up-to-date \_\_\_\_\_

Copy of immunizations attached and signed by health care provider?  Yes  No

Allergies: \_\_\_\_\_

Does the child have any important health concerns that you are following them for? \_\_\_\_\_

Does the child have any important health concerns that are followed by another source of health care? (if so, please give name of provider and condition requiring attention) \_\_\_\_\_

Does the child have any special needs that require accommodation by the provider? \_\_\_\_\_

Does the child have any conditions that may result in an emergency? \_\_\_\_\_

Does the child have any activity restrictions? \_\_\_\_\_

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

Does the child require a certain sleep position? \_\_\_\_\_

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

Hearing: \_\_\_\_\_ Speech: \_\_\_\_\_

Is there any other information that would be helpful in a group care setting? \_\_\_\_\_

Primary health care providers name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_



# Child Care Immunization Record

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

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

## IMMUNIZATION HISTORY

Fill in the MO/DAY/YR information for children 2 months of age and older. Vaccines/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.				
<b>Diphtheria, Tetanus, Pertussis (DTP)</b>	<b>Vaccine</b>	<b>MO</b>	<b>DAY</b>	<b>YR</b>
<ul style="list-style-type: none"> <li>3 doses during 1st year (at 2-month intervals)</li> <li>4th dose at 12-18 months</li> <li>5th dose at 4-6 years or at school entrance</li> </ul> Indicate vaccine type: DTaP or DT.	1			
	2			
	3			
	4			
	5			
<b>Polio (IPV and/or OPV)</b>	<b>Vaccine</b>	<b>MO</b>	<b>DAY</b>	<b>YR</b>
<ul style="list-style-type: none"> <li>3 doses at 2-18 months</li> <li>4th dose at 4-6 years or at school entrance</li> </ul>	1			
	2			
	3			
	4			
<b>Measles, Mumps, Rubella (MMR)</b>		<b>MO</b>	<b>DAY</b>	<b>YR</b>
<ul style="list-style-type: none"> <li>Required for children 15 months and older</li> <li>Must be given on or after 1st birthday</li> <li>2nd dose at 4-6 years</li> </ul>				
<b>Haemophilus Influenzae type b (Hib)</b>	<b>Vaccine</b>	<b>MO</b>	<b>DAY</b>	<b>YR</b>
<ul style="list-style-type: none"> <li>3-4 doses for children at 2-15 months</li> <li>1 dose ≥ 12 months required</li> <li>1 dose for previously unvaccinated children 15 months - 5 years</li> <li>Not indicated for children 5 years or older</li> </ul>	1			
	2			
	3			
	4			
<b>Varicella (Chickenpox)</b>	<b>Vaccine</b>	<b>MO</b>	<b>DAY</b>	<b>YR</b>
<ul style="list-style-type: none"> <li>1 dose between 12-18 months</li> </ul>				
	<b>Disease Date:</b>			
<b>Pneumococcal Conjugate Vaccine (PCV)</b>	<b>Vaccine</b>	<b>MO</b>	<b>DAY</b>	<b>YR</b>
<ul style="list-style-type: none"> <li>2-4 doses for all children 2-24 months</li> <li>Consider for unvaccinated children at 24-59 months in child care</li> <li>Not indicated for children 5 years or older</li> </ul>	1			
	2			
	3			
	4			
<b>Hepatitis B (Hep B)</b> —required for kindergarten	<b>Vaccine</b>	<b>MO</b>	<b>DAY</b>	<b>YR</b>
<ul style="list-style-type: none"> <li>3 doses between birth and 18 months</li> </ul>	1			
	2			
	3			

## 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/Public Clinic Date

B. For children who are **younger than 15 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. (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 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.