

Application for Admission to Wee Care Day Care

Child's Name _____ Date of Birth _____

Parent/Guardian's Name _____

Address _____

Home Phone _____ Cell Phone _____

Place of employment _____ Occupation _____

Work Address _____ Work Phone _____

Phone where parent can be reached when child is in school _____

Email Address _____

Parent's Name _____

Address if different from above _____

Home Phone _____ Cell Phone _____

Place of employment _____ Occupation _____

Work Address _____ Work Phone _____

Phone where parent can be reached when child is in school _____

Email Address _____

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 of the child's first day of school.

Emergency Contact (if a parent can't be reached)

Name	Relation to child	Phone number	Address
1.			
2.			
3.			

People AUTHORIZED to pick up child (emergency contact cannot take the child from the center unless authorized to do so)

Name	Relation to child	Phone number	Address
1.			
2.			

People NOT AUTHORIZED to pick up child.

- 1.
- 2.

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 with at least 2 weeks notice.

I have been informed of Wee Care’s Christian education program? _____

I have had a tour? _____

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

	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/Family & Social History

Siblings: list names 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? _____

What preferences would you have with regard to your cultural background? _____

What specific preferences for your family would you like us to consider? _____

Developmental History of your child

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

Word child uses for Urination _____ word for Bowel Movement _____

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

Does your child dress him/herself? _____ Undress self? _____

Is your child weaned from the bottle/breast? _____

Does your child have any diet restrictions? _____

Speech Problems? _____

Unusual Fears? _____

Any other problems or concerns we should be aware of? _____

Registration/ Health History

Does your child have frequent:

- ___ colds
- ___ stomach aches
- ___ 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? _____

What is your child's napping habit? _____

How do you comfort your child? _____

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

Use of sunscreen/insect repellents

According to Department of Human Services 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 medication (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 my child is being cared for by the Wee Care Day Care staff including picnics, walks of the 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 _____