Kids-R-It
CHILD CARE CENTER & PRESCHOOL

PARENT REGISTRATION

Child's Full Name: _____ Gender: Boy ___ Girl ___ Birth Date (MM/DD/YYYY): _____

Allergies: _____ Address: ☐ Same as Mother/Guardian ☐ Same as Father/Guardian Other: _____

Child's Full Name: _____ Gender: Boy ___ Girl ___ Birth Date (MM/DD/YYYY): _____

Allergies: _____ Address: ☐ Same as Mother/Guardian ☐ Same as Father/Guardian Other: _____

Child's Full Name: _____ Gender: Boy ___ Girl ___ Birth Date (MM/DD/YYYY): _____

Allergies: _____ Address: ☐ Same as Mother/Guardian ☐ Same as Father/Guardian Other: _____

☐ Yes, I have received and completed an Individualized Child Care Plan (ICCPP) for my child's condition and/or allergies.

☐ Yes, I have included my child's IEP & I give permission to shares my child's assessment results, IEP, and/or IFSP with the team and/or specialty service providers.

Parents/Guardian Signature: _____ ***(This form must be completed/updated annually)***

(Send Photo's of ALL contacts that will be picking up your child to: kidsritinc@iw.net)

Mother/Guardian: _____

Address: _____ City: _____ State: _____ Zip Code: ☐ _____

Cell #: _____ Home #: _____ Place of Employment _____

Birth Date: _____ Email: _____ Work #: _____

Code (last 4 digits of SS #): _____ (Photo emailed? ☐)

Father/Guardian: _____

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

Cell #: _____ Home #: _____ Place of Employment _____

Birth Date: _____ Email: _____ Work #: _____

Code (last 4 digits of SS #): _____ Photo emailed? ☐)

Which Parent/Guardian to be contacted when necessary? _____

Emergency Contact & Authorized Pick Up: (2 minimum) ** Not yourselves!**

Name: _____ Relationship: _____ Birth Date: _____

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

Cell #: _____ Home #: _____ (Photo emailed? ☐) Code (last 4 digits of SS #) : _____

Name: _____ Relationship: _____ Birth Date: _____

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

Cell #: _____ Home #: _____ (Photo emailed? ☐) Code (last 4 digits of SS #) : _____

** UNAUTHORIZED TO PICK UP YOUR CHILD ** (Court order is REQUIRED if person is a legal parent) (Photo emailed? ☐)

Name: _____ Relationship to Child: _____

PARENT HANDBOOK: I have read Kids-R-It parent handbook. I understand and agree to follow the Center's policies, procedures, and financial agreement.

Applicant's Signature: _____ Date: _____

(507) 372-7999 | kidsritinc@iw.net | www.kidsritchildcare.com | Facebook
1118 Johnson Avenue, Worthington, MN 56187

CONSENT FORM

Child's Name: _____ Child's Name: _____

Activity

I hereby grant permission for my child to leave the center under proper supervision for neighborhood walks or field trips in a bus. A notice or calendar will be posted to inform me of any events taking place and a signed permission slip will be obtained prior to my child attending.

I hereby grant permission for my child to be included in evaluations, educational research, pictures and publicity connected with Kids-R-It Child Care Center & Preschool.

I hereby grant permission for my child to use all the play equipment/art supplies, including shaving cream, and participate in all the activities of the center. I, the undersigned, do fully understand that this is a Child Care service provided by Kids-R-It Child Care Center & Preschool and that the Center and or its employees cannot be held responsible for any injury by my child/children while at Kids-R-It.

Signature: _____ Date: _____

Emergencies & Emergency Preparedness Authorization

I hereby grant permission for the acting Director and staff to take whatever steps that may be necessary to obtain emergency care and/or emergency relocation of my child if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the parent through any of the emergency contacts.
4. In the event that #1-3 are unsuccessful then: Call another physician, OR Call 911 for emergency help.
5. Relocate my child to the designated Safe locations stated in their Emergency Preparedness plan in the event of an Emergency.

In case of medical emergency, which includes the use of an Epi-pen, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if they (Police, Rescue Team) deem it necessary. The child will be transported at the expense of the parent.

It is understood that in some medical situations, the staff will need to contact the local emergency source before the parent, child's physician, and/or other adult acting on the parent's behalf. Child's source of regular and emergency medical care:

Medical:

☐ Avera / Access Clinic Worthington, 508 10th Street, Wgtn, MN **372-2921**

☐ Sanford Clinic, 1680 Diagonal Road, Wgtn, MN **372-3800** Other: _____ Phone: _____

Dentist:

☐ AppleWhite Dental Partners, 1027 2th Ave Wgtn,Mn 56187 **372-7339** ☐ Dr. Haas 324 1/2 10th Street, Wgtn **376-4939**

☐ Family Dentistry/ 1029 3rd Ave. Wgtn **376-9797** Caring Hands Dental, 301 11th St NE, Pipestone, MN 56164 **507-690-1745**

☐ Friendly Dental/Dr. Johnson, 1316 McMillian St. Wgtn. MN **376-5525** Other: _____ Phone: _____

Signature: _____ Date: _____

Medication Permission

I hereby give Kids-R-It Child Care Center & Preschool permission to apply one or more of the following external preparations, in accordance with the directions for use on the container that I have provided and labeled with my child's first and last name:

☐ Baby Wipes ☐ Non-prescription ointments (such as A&D, Desitin, Vaseline)

☐ Sunscreen product (minimum of SPF 15) and/or an insect repellent (maximum DEET of 50)

☐ (Non-prescription Motrin or Tylenol) by KRI staff to my child to be given as needed under my direction.

Signature: _____ Date: _____

Privacy Permission Agreement

Our first priority is to protect your child's health and safety. To ensure that we are operating with your full understanding and agreement about your family's privacy, we ask that you grant permission to conduct the following activities:

- Placing photos of your child around the center including posting for allergies in classroom, cafeteria, and kitchen.
- Giving copies of group photos of your child to other families in our care.
- Placing photos of your child in our photo albums.
- Posting artwork and other crafts that include your child's name around the center.
- Using surveillance camera's throughout the building to monitor children and staff.
- Listing the name of your child and information on our bulletin board.
- Listing the name of your child or other members of your family in our client newsletters.

Signature: _____ Date: _____

TUITION POLICY - FINANCIAL AGREEMENT &
Child Enrollment Form - Child & Adult Care Food Program

Dear Parents,

Kids-R-It participates in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). This child care center receives federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow! Meals served here must meet nutrition requirements established by USDA's CACFP. In order to participate, your center has agreed to follow USDA guidelines. In an effort to assess that these requirements are being met, USDA's CACFP requires centers to annually collect the enrollment information listed below. Please complete the form and return it to your child care center. Civil Rights Statement: This institution is an equal opportunity provider.

Name of the Child Care Provider/Center: Kids-R-It Child Care Center and Preschool Over ➡

Child's First Name		Last Name		Child's Date of Birth		Beginning Date of Contract	
Enter the normal hours your child is in care e.g. 7:30 AM – 5 PM or split schedule 7:30 – 9 AM & 12:30 – 5 PM	Monday	Tuesday	Wednesday	Thursday	Friday	Hours	Rate $180.00 Min.40 I/T + $4.50/hr $94.00 Min. 20 T + $4.70/hr $180.00 Min.40 P/S +$4.50/hr $94.00 Min.20 P/S + $4.70/hr Non Contract $5.85 /hr $29.25 ½ day=1-5 hrs
Check the meals your child normally receives while in care	☐ Breakfast ☐ Lunch ☐ PM Snack	☐ Breakfast ☐ Lunch ☐ PM Snack	☐ Breakfast ☐ Lunch ☐ PM Snack	☐ Breakfast ☐ Lunch ☐ PM Snack	☐ Breakfast ☐ Lunch ☐ PM Snack	Weekly Total:	

Child's First Name		Last Name		Child's Date of Birth		Beginning Date of Contract	
Enter the normal hours your child is in care e.g. 7:30 AM – 5 PM or split schedule 7:30 – 9 AM & 12:30 – 5 PM	Monday	Tuesday	Wednesday	Thursday	Friday	Hours	Rate $180.00 Min.40 I/T + $4.50/hr $94.00 Min. 20 T + $4.70/hr $180.00 Min.40 P/S +$4.50/hr $94.00 Min.20 P/S + $4.70/hr Non Contract $5.85 /hr $29.25 ½ day=1-5 hrs
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(form must be completed annually) 2/2006;4/2018;7/2018;10/2018;10/2019,9/2023

Parent's Signature: ____ Date: _______________

Parent's Name (Print): ____

Home/Cell #: _______________________ Work #: _________________

Mailing Address: ___________________________________ City: _______________________ State: ________ Zip Code: __________

If there are additional children in care, please complete additional forms as needed

I am/We are responsible for all hours and tuition my child/ren are scheduled as stated above, along with any tuition in excess of these as I have scheduled.

My child is at (Prairie Elementary, Worthington Christian, Brewster, Head Start, St. Mary's, Adrian, Intermediate School, Hi-Ho,) and

☐ **WILL** be here on no-school days, early out days, and late start days as follows:

☐ **WILL NOT** be here on no-school days, early out days, and late start days.

I understand that I am making the commitment to the above schedule + $ _____ per hour for any time my child is here prior to or after those hours and not scheduled the prior week.

I agree to abide by my financial commitment to the program and that tuition is expected though my child may be ill or not present. I agree to notify the program of my child's absence or if coming in late before 8:30 a.m. A $5.00 Finders Fee will be added to your account if we need to find or locate your child.

A $5.00 meal charge will be placed on my account if I do not contact the center prior to 8:30 a.m.

I understand this is to cover the meal prepared but was unable to be claimed to the CACFP.

A $5.00 per minute, per child, fee if dropped off before 5:00 a.m. or picked up after 6:00 p.m. We are not to operate before or after our licensed hours of 5:00 a.m. -6:00 p.m.

I understand that in order to get vacation time my account must be paid current and any vacation time available will be applied to any outstanding balance I owe.

I agree to make a two-week deposit equivalent to my contracted hours.

I agree to pay the Registration Fee of $40.00 at initial registration and $25.00 annually per child.

I have read the payment procedures and I agree to pay the complete balance weekly, on or before Monday at 6:00 p.m., or on the first scheduled day of attendance to avoid a late fee of $5.00/day. If payment is not received by the following week, I realize my child may be dismissed from the program until the account is paid in full and may be able to return if there is a slot available.

Kids-R-It staff will have tuition payroll deducted for the current payroll. Staff with CCAP will have tuition payroll deducted for the balance of what is not covered after payments have been received.

In the event, a parent has a change in child care hours needed on a long-term basis, (at least 6 weeks) a new financial arrangement may be completed and a new schedule drawn up as long as there is room in the program for the change. A two-week notification in writing to the program is required. The changes can be implemented sooner if the program scheduling allows the change.

Service Agreement

I understand that my child is now enrolled with the Kids-R-It child care program. If for any reason I decide to withdraw my child from the center, I will give a two-week written notice and pay the tuition for the equivalent hours regardless of attendance.

How did you learn of Kids-R-It for your child/ren? (WEB site / Work Force Center / Friend / Yellow Pages / Family Services / Child Care Aware / Radio) Other? _____

Parent Signature: _____ SS#: _____ Date: _____

Parent Signature: _____ SS#: _____ Date: _____

(Form must be completed annually)

Childs Name: _____ Date: _____

CHILD/FAMILY HISTORY & TRADITIONS/CUSTOMS

Family and Social History

Name of Child's Siblings: Childs Name: _____ Birth Date: _____
Childs Name: _____ Birth Date: _____
Childs Name: _____ Birth Date: _____

Family Traditions and Customs

What Family Traditions and Customs you would like us to know about? _____
_____

** Attached are photographs of our home☐ hobbies☐ pets☐ family☐, country☐**

Does your family speak a language at home other than English? ◯ Yes or ◯ No Language _____

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Personal

What are your expectations for your child at the center? _____
In what particular ways can we help your child to adjust upon arrival? _____

Infant/Toddler Eating Habits

What are your child's eating habits? _____ Any diet restrictions? ◯ No or ◯ es _____
Are there any eating habits that you are concerned about? ◯ No or ◯ Yes _____

Infant/Toddler Sleeping

What is your Child's napping habits/schedule? From when to when? _____With or Without a Pacifier? (Circle)

Infant/Toddler Toilet Habits

Is your child in: ☐ Diapers / ☐ Pull-up's
Can your child be relied upon to indicate his/her toileting wishes? ◯ Yes or ◯ No Any concerns? _____

Infant/Toddler/Preschool Communication & Social Relationships

Has he/she had experience in playing and socializing with other children? ◯ Yes or ◯ No
By nature is he/she ☐ friendly? ☐ aggressive? ☐ shy? ☐ withdrawn?

Infant/Toddler/Preschool Comforting Habits & Methods

Do you feel he/she will adjust easily to the center? ◯ Yes or ◯ No
What may make him/her upset? _____ How does your child show his/her feelings? _____
What method of behavior control is used in your home? _____

Health History of Child

Type of birth: _____Full term _____ Premature _____ How Premature? _____ Any complication? _____
Has he/she had? Chicken Pox: ◯ Yes or ◯ No At what age? _____ Has your child had any serious accidents? ◯ Yes or ◯ No

Explain: _____ What for? _____

Has your child ever been to a dentist? ◯ Yes or ◯ No; Has your child had his/her vision tested: ◯ Yes or ◯ No
Hearing tested: ◯ Yes or ◯ No Speech tested: ◯ Yes or ◯ No
Does your child have any handicaps? ◯ Yes or ◯ No Describe _____

Parent's Signature: _____ Date: _____

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1118 Johnson Avenue, Worthington, MN 56187

KIDS-R-IT CHILDCARE CENTER & PRESCHOOL
HEALTHCARE SUMMARY

(MUST COMPLETED BY HEALTH CARE SOURCE)

(Within 5 days)
Please Fax back to:
507-727-2428
Kids-R-It, Inc. 1118 Johnson Ave.
Worthington, MN 56187

I authorize the facility/provider to disclose the following medical information to Kids-R-It Child Care Center & Preschool on this State Health Care Summary. I understand that this information shall not be disclosed to any person other than the child, myself or guardian, the child's legal representative, employees of the license holder and the commissioner unless I have given written consent or as otherwise required by law. I may revoke this authorization at any time by sending written notice to the facility/provider releasing records. A revocation is not valid if action was previously taken in reliance on this authorization. I understand this may include information regarding mental health, alcohol/drug use, and HIV treatment. I understand that once disclosed, information may be re-disclosed by the recipient and no longer protected. I understand this authorization is voluntary and that I may refuse to sign. This authorization expires one year from the date of my signature unless I specify a different event, purpose or alternative expiration date here: _____

Parent(s) or Guardian (Circle one): _____ Date: _____

Please Complete/Return within 5 days...Thank you!

Date of Enrollment: _____

Name of Child: _____ Birth Date: _____

Address: _____ Phone #: _____

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)? _____

Does he/she have any allergies to food? _____ Other? _____

Does this child have any handicaps or specialized needs? ◯Yes or ◯No

Describe: _____

Any diet restrictions? ◯Yes or ◯No _____

Is a modified diet necessary? ◯Yes or ◯No _____

Is any condition present that might result in an emergency? ◯Yes or ◯No _____

If yes, please indicate: _____

What is the status of the child's: Vision: _____ Hearing: _____ Speech: _____

Please list important health problems below:

Important Health Problems	Followed By You	Followed by Other Med. Source (Name)	Requires Special Attention at Center

Other information helpful to the child care program: _____

_____

Signature of health care

Date: _____

Phone #: _____

Address: _____

_____

INFANT, TODDLER, PRESCHOOL, SCHOOL AGE

☐ Avera / Access Clinic Worthington

☐ Sanford Clinic ☐ Other: _____ Phone: _____