



3141 43rd Ave S.
Minneapolis, MN 55406
612-721-2290, phone
bethlehemchildcare@yahoo.com

Dear Preschool Families,

We are excited that you are interested in BCCC for your child's preschool and, possibly, child care. Below you will find information listing what forms you need to turn in to BCCC. Enrollment begins on Friday, February 1, 2019 for currently enrolled families, previously enrolled families and church members. On President's Day – February 18, 2019- we will open enrollment for new families.

If you are registering a child that is **currently enrolled** you will only need to submit two forms, "Application for Enrollment" and "Preschool Contract" along with a \$100 reservation fee. Although, if your child has updated any immunizations throughout the past year you need to submit a new immunization form.

If your **child has not attended** BCCC previously, include the \$100 reservation fee plus a \$60 registration fee- this can be one check- along with completed enrollment packet. Packets must be complete, including the Health Care Summary and Immunizations. Incomplete packets will be returned, and a spot for your child will not be held.

Explanation of Fees:

Registration Fee is a \$60 non-refundable fee for new children.

Reservation Fee is a \$100 fee per child, with a maximum of \$200 per family. This reservation fee will be credited to October's tuition if there is no termination or change of any requested care, per confirmed contract, between June 4 and October 1. If termination or change occurs between June 4 and October 1 this reservation fee will be retained by BCCC.

Here is a complete list of forms to include when you submit your paperwork:

- Application for Enrollment
- Preschool Contract
- BCCC New Child Information
- Health Information, filled out by parents/guardians
- Authorization for emergency care, photos, directory, sunscreen, local walks
- BCCC Allergy Policy-Acknowledgement
- Health Care Summary filled out by your Health Care Source or the form the clinic uses. *Even if your child will be going to the doctor soon, submit the latest summary and turn in the updated form once the child's visit is complete.
- Immunization Record, our form or a form generated by your clinic
- If your child has an IEP, allergies, or other special needs you will have additional forms to fill out- please let us know so we can send you the correct form.

It is important to know that due to a significant increase in the number of children who have allergies to peanuts we are a "peanut free" facility. Families will not be allowed to send lunches that contain any food items which has "peanut" in the ingredient's label.

Thank You,
Jill Ravensborg, Director

APPLICATION FOR ENROLLMENT



3141 43rd Ave S
Minneapolis, MN 55406
612-721-2290, phone
612-721-6573, fax
bethlehemchildcare@yahoo.com

Today's Date: _____

Child's Name: _____ Male / Female

What name do you want your child called at BCCC? _____

Child's Date of Birth: _____

Program: Beginners Pre-Kindergarten School Age

Child's Address: _____

Parent /Guardian(s):

1. Name: _____ Occupation: _____

Parent address, if different from child's: _____

Home#: _____ Work# _____ Cell# _____

E-mail: _____ cell phone carrier (for texts): _____

2. Name: _____ Occupation: _____

Parent address, if different from child's: _____

Home#: _____ Work# _____ Cell# _____

E-mail: _____ cell phone carrier (for texts): _____

Marital Status of Parents/Guardians: _____

Custody-Visiting Arrangements: _____

EMERGENCY INFORMATION (Required)

Child's Health Clinic/Doctor: _____

Address: _____ Phone: _____

Child's Dentist: _____

Address: _____ Phone: _____

We are required to have a minimum of 2 emergency contacts: name, address & phone

Persons to be called in case of emergency/authorized to pick up child (other than parent):

1. Name: _____ Relationship to child: _____

Address: _____ Phone: _____

2. Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Anyone who MAY NOT pick up your child: (example: a parent without custodial rights):

***Unless otherwise indicated we will assume that emergency contacts are also authorized to pick up your child.**

B.C.C.C. NEW CHILD INFORMATION



How did you come to know about BCCC? _____

Please describe previous experiences your child had with child care/preschool? _____

What do you hope your child will gain from enrolling at BCCC? _____

What would you like your child's teachers to know about his/her style? _____

Does your child nap? _____ When? _____

What time does your child go to bed at night? _____ Wake up? _____

Does your child have any special fears? _____

Does your child have any problems with vision or hearing? If so, please explain _____

Does your child receive any special services? If so, please explain. Do you have any concerns about any aspect of your child's development? _____

Has your child had any serious accidents or operations? If so, please describe _____

Does your child play well alone? _____ In groups? _____

Please circle words below that describe your child:

Happy	Aggressive	Dependent	Stubborn	Clumsy	Alert
Friendly	Good-natured	Impulsive	Fearful	Quiet	Active
Moody	Even-tempered	Attentive	Sympathetic	Sleepy	Slow to warm up

Other: _____

What are the names and ages of other siblings? Any other information that would help us get to know your child's family better (step-parents, grandparents, adoption, other care givers)? _____

To help us celebrate and reinforce your child's cultural background please tell us about holidays and special days that are celebrated in your home. _____

Health Information



Child's Name: _____

<u>Allergies</u>	<u>Reaction(s)</u>
Medication	
Food	
Environmental	
Other	

If your child has any allergies you will be required to fill out an Individual Allergy Action Plan along with your doctor/clinic. This form will be sent later. BCCC must be given medication prescribed by your doctor for emergency treatment for all allergies.

Other Significant Medical/Educational Information: Asthma, IEP, Speech, Developmental Delay... You may be required to have your doctor fill out an Individualized Child Care Plan (ICCP) – this form will be sent later. Note: If your child has an IEP we are required to have a copy.

In order for your child to attend each day, the medication the treatment plan lists must be at BCCC.

Current Medications: _____

Note: Parent/Guardian will be required to fill out Medication Permission Form anytime staff are asked to dispense medication.

Dietary Needs:

Parent/Guardian Signature: _____ Date: _____

<p>Child's Name:</p>	
<p>Emergency Care I give permission to BCCC staff to make whatever emergency (ex. First aid, disaster, evacuation) measures are judged necessary for the care & protection of my child while under the supervision of BCCC. In case of emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary. The child will be transported at the expense of the family. It is understood that in some medical situations, staff may need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the child's behalf is contacted.</p>	<p>Parent/Guardian Signature: _____ Date: _____</p>
<p>Nurse/Health Consultant I understand that BCCC nurse/health consultant has access to my child's file during center visits.</p>	<p>Parent/Guardian Signature: _____ Date: _____</p>
<p>Photographs/Video I give permission for my child's image to be used in photographs within the center (bulletin boards, crafts, booklets...).</p>	<p>Parent/Guardian Signature: _____ Date: _____</p>
<p>Photographs/Video I give permission for my child's image to be shared on the classroom electronic updates and on the digital slideshow in the center's hallway.</p>	<p>Parent/Guardian Signature: _____ Date: _____</p>
<p>Photographs/Video I give permission for my child's image to be used on BCCC website and publications.</p>	<p>Parent/Guardian Signature: _____ Date: _____</p>
<p>Student Directory Each year BCCC puts together a student directory. The purpose is to help the children and families connect with other classmates if they choose. It will include child's name and photo; parent's name, address, phone number, and email. Please choose one of the three options listed:</p> <p>I give permission to have my child included in the directory.</p> <p>I only want my child's name included in the directory. Do not include personal information or a photo.</p> <p>I do NOT want my child included in the directory.</p>	<p>Parent/Guardian Signature: _____ Date: _____</p>
<p>I give permission BCCC staff to:</p> <p>Apply sunscreen</p> <p>Take my child on local walks in the neighborhood and to Cooper Park (32nd St & 43rd Ave)</p>	<p>Parent/Guardian Signature: _____ Date: _____</p>



BCCC Allergy Policy - Acknowledgment

The Bethlehem Child Care Center [BCCC] has some unique characteristics. For example, every child in the preschool program and pre-kindergarten program may bring his or her own lunch. Further, the BCCC incorporates field trips in the curriculum as well as trips to neighboring parks in summer and winter. Further, the use of the entire BCCC facility (including an indoor play area) is also used by church members and invitees to the Church, including other children. Because of these unique characteristics, BCCC cannot ensure that a child with a severe food allergy will not be exposed to the food or substance to which that child is allergic or sensitive.

Parents or guardians of children with a severe food allergy or sensitivity must make childcare staff and the Director aware of their child's food allergies and/or intolerance. Further, every child who has been prescribed an epinephrine auto-injector must have the epi-pen(s), in its original container and current prescription information on the label, given to the staff and kept at the center. Expired medicine, including epi-pens, may not be administered. If a child who has been prescribed an epinephrine auto-injector plans to go on a field trip, the staff will always take the epi-pen(s) along, so it will be readily available in the event of an emergency away from the BCCC.

I, _____, have read the attached Bethlehem Child Care Center Allergy Policy. I am signing this acknowledgment because I understand that BCCC cannot ensure that my child, _____, who has a severe allergy to _____ will not be exposed to the above-stated in the childcare center, or at any time while my child is in the care and custody of BCCC.

Date

Signature of Parent or Guardian

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

(or submit the Health Care Source's form that covers these areas)

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>
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Other information helpful to the child care program _____

Signature of Health Source: _____

Phone: _____ Address: _____

Date: _____

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) <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 <i>Indicate vaccine type: DTaP or DTP</i>						5th dose not required if 4th dose was given on or after the 4th birthday
Polio (IPV, OPV) <ul style="list-style-type: none"> • 2 doses in the first year • 3rd dose by 18 months • 4th 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) <ul style="list-style-type: none"> • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years 						
Haemophilus influenzae type b (Hib) <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years 						
Pneumococcal Conjugate Vaccine (PCV) <ul style="list-style-type: none"> • Required for children age 2 - 24 months • 3 doses in the first year • 4th dose after 12 months • At least 1 dose is recommended for children 24-59 months in child care 						
Hepatitis B (hep B) <ul style="list-style-type: none"> • 2-3 doses in the first year • 3rd dose (final dose) by 18 months 						
Hepatitis A (hep A) <ul style="list-style-type: none"> • 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 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 younger than 15 months:

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.)