



## School Age Contract Sheet 2022/22

(submit this form if you **have not** submitted it online)

Child's Full name \_\_\_\_\_ Grade entering in Fall: \_\_\_\_\_

What school will your child attend? The time is my best guess for bussing.

Dowling (9:15, 4:15) Hiawatha (9:15, 4:15) Howe (9:15, 4:15) Seward (9:15, 4:15)

Parent/Guardian's Name \_\_\_\_\_ phone number: \_\_\_\_\_

Parent/Guardian's email: \_\_\_\_\_

BCCC bills by the contracted hour. The hourly rate for 2022-23 school year is \$7.75 - Take the total number of weekly hours and, if not whole number, round to nearest half hour. Release Days will bill at \$52/day.

Minimum requirements: enrolled at least 2 days and 4 total hours per week.

Fees: \$40 reservation fee which will be applied to your child's October tuition if there are no changes to this requested schedule between June 1 and October 1.

For new children, there is a one-time, non-refundable registration fee of \$60 along with the \$40 reservation fee. You will also need to fill out a complete registration packet and submit it to hold your child's space. Packets can be found on our website, under the "Tuitions & Fees" tab.

If your child is moving from our preschool program and entering our school age program, you need to submit an updated physical and immunization record. Please find the forms included in our enrollment packet on our website, under the "Tuition & Fees" tab.

Will your child attend in the morning? If so, which days and what time will you drop off?

Monday	7:00	7:30	8:00	8:30
Tuesday	7:00	7:30	8:00	8:30
Wednesday	7:00	7:30	8:00	8:30
Thursday	7:00	7:30	8:00	8:30
Friday	7:00	7:30	8:00	8:30

Will your child attend after school? If so, which days and what time will you pick up?

Monday	4:45	5:15	5:45	6:00
Tuesday	4:45	5:15	5:45	6:00
Wednesday	4:45	5:15	5:45	6:00
Thursday	4:45	5:15	5:45	6:00
Friday	4:45	5:15	5:45	6:00

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR ENROLLMENT



3141 43<sup>rd</sup> Ave S  
Minneapolis, MN 55406  
612-721-2290, phone  
bethlehemchildcarecenter@gmail.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. Please request the additional forms from the office immediately. BCCC must be given medication prescribed by your doctor for emergency treatment for all allergies noted.

Other Significant Medical/Educational Information: Asthma, IEP, Speech, Developmental Delay.... You will likely be required to have your doctor fill out an Individualized Child Care Plan (ICCP) – please request the additional form from the office immediately. Note: If your child has an IEP we are required to have a copy.

---

---

---

In order for your child to attend, the medication and treatment plan must be at BCCC prior to their first scheduled date.

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><b>Child's Name:</b></p>	
<p><b>Emergency Care</b> I give permission to BCCC staff to make whatever emergency (ex. First aid, disaster, evacuation) measures are judged necessary for the care &amp; 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><b>Nurse/Health Consultant</b> 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><b>Diffuse Essential Oils</b> I give permission for my child to be in a room that uses an essential oil diffuser.</p>	<p>Parent/Guardian Signature: _____ Date: _____</p>
<p><b>Photographs/Video</b> 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><b>Photographs/Video</b> 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><b>Photographs/Video</b> I give permission for my child's image (no name or personal information) to be used on BCCC website and publications.</p>	<p>Parent/Guardian Signature: _____ Date: _____</p>
<p><b>Student Directory</b> 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><input type="checkbox"/> I give permission to have my child included in the directory.</p> <p><input type="checkbox"/> I only want my child's name included in the directory. Do not include personal information or a photo.</p> <p><input type="checkbox"/> I do NOT want my child included in the directory.</p>	<p>Parent/Guardian Signature: _____  Date: _____</p>
<p><b>I give permission BCCC staff to:</b></p> <p><input type="checkbox"/> Apply sunscreen</p> <p><input type="checkbox"/> Take my child on local walks in the neighborhood and to Cooper Park (32<sup>nd</sup> St &amp; 43<sup>rd</sup> 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 brings 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 For Child Care Attendance

**To be completed by health care provider**

**Program Name: Bethlehem Child Care Center**

**Child's Name:**

**Child's Date of Birth:**

**Parent/Guardian:**

**Date of last physical exam:**

**Is the child up to date on Immunizations? YES  NO**

**If no, plans for bringing the child up to date:**

**Allergies:**

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

**Does the child:**

- **have any special needs that require accommodation by the provider?**
- **have any conditions that may result in an emergency?**
- **Is a modified diet necessary?**
- **have any activity restrictions?**

**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?**

**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)**

**Primary health care provider name:**

**Clinic name/phone number:**

**Provider Signature/date:**

# Immunization Form

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Immunizations required for child care, early childhood programs, and school.

Birth to 6 months      12 -24 months      At Kindergarten      At 7th grade      At 12th grade

## Vaccine

Hepatitis B	<input type="text"/>				
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>				
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>				
Pneumococcal (PCV)	<input type="text"/>				
Polio	<input type="text"/>				
Measles, Mumps, Rubella (MMR)	<input type="text"/>				
Chickenpox (varicella)	<input type="text"/>				
Hepatitis A	<input type="text"/>				
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>				
Meningococcal (MCV4)	<input type="text"/>				

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

### Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.

