Bethlehem
CHILD CARE CENTER

bethlehemchildcarecenter@gmail.com

Dear School Age Families

We are excited that you are interested in BCCC for your child's before and after school care.

If you are registering a child that is **currently enrolled** you will only need to submit 3 forms: "Application for Enrollment", "School Age Contract", & "Authorization Form" along with a $40 reservation fee (if you want this added to your account, we can do that and you do not need to include a check or cash). If your child has updated any immunizations throughout the past year, please submit a new immunization form or the record from your clinic.
The **exception** is if your child is going into Kindergarten, we need the three forms listed above **and** a new Immunization and Dr.'s Health Care Summary.

If your **child has not attended** BCCC previously, include the $40 reservation fee plus a $60 registration fee- this can be one check- along with a completed enrollment packet. Packets must be complete, including the Health Care Summary and Immunizations. Incomplete packets will not hold a spot for your child.

Explanation of Fees:
Registration Fee is a $60 non-refundable fee for new children.
Reservation Fee is a $40 fee per child. 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 1 and October 1. If termination or change occurs between June 1 and October 1 this reservation fee will be retained by BCCC.

Paperwork is due by May 19, 2025.

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

- Application for Enrollment
- School Age Contract
- BCCC New Child Information
- Health Information- filled out by parents/guardians
- Authorization Form
- BCCC Allergy Policy-Acknowledgement
- Health Care Summary filled out by your Health Care Source or the form the clinic uses. Submit the latest form, even if your child will be going to the doctor soon, then 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, please notify the office. You and your child's doctor will have additional forms to submit.

We will enroll children based on these criteria (in the order in which we receive registration requests):

- currently enrolled families (**priority extends until April 10),**
- previously enrolled families,
- new families

Bethlehem
CHILD CARE CENTER

School Age Contract Sheet 2025-2026

(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 by the shift. The rate for 2025-26: Morning (7:30 – 9:15 is $13/day) Afternoon (4:10 – 5:30 is $10/day) Release Days will bill at $55/day.

Minimum requirements: enrolled at least 3 days a 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? $13/day

Monday	Yes	No
Tuesday	Yes	No
Wednesday	Yes	No
Thursday	Yes	No
Friday	Yes	No

Will your child attend after school? $10/day

Monday	Yes	No
Tuesday	Yes	No
Wednesday	Yes	No
Thursday	Yes	No
Friday	Yes	No

Total Weekly Tuition: _____

Parent/Guardian Signature _____ Date: _____

APPLICATION FOR ENROLLMENT

Bethlehem
3141 43rd Ave S
Minneapolis, MN 55406
612-721-2290, phone
bethlehemchildcarecarecenter@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: Preschool 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

Bethlehem CHILD CARE CENTER

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 (preschool)? _____ 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. _____

_____

Bethlehem
CHILD CARE CENTER

Authorization Form

Please read the following descriptions and check the appropriate boxes for which you grant permission.

- ☐ **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.
- ☐ **Nurse/Health Consultant:** I understand that BCCC nurse/health consultant has access to my child's file during center visits.
- ☐ **Diffuse Essential Oils:** I give permission for my child to be in a room that uses an essential oil diffuser.
- ☐ **Photographs/Video:**
  - ☐ I give permission for my child's image to be used in photographs within the center (bulletin boards, crafts, booklets...).
  - ☐ 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.
  - ☐ I give permission for my child's image (no name or personal information) to be used on BCCC website and publications.
- ☐ **Student Directory:** Each year BCCC puts together a student directory. The purpose is to help the children and families connect with other classmates. It will include child's name and photo, parent's name, address, phone number, and email. Please choose one of the three options listed:
  - ☐ I give permission to have my child included in the directory.
  - ☐ I only want my child's name included in the directory. Do not include personal information or a photo.
  - ☐ I do NOT want my child included in the directory.
- ☐ **I give permission BCCC staff to:**
  - ☐ Apply sunscreen
  - ☐ Apply lotion, as needed
  - ☐ Hand sanitizer, when water is not readily available (ex. at a park)
  - ☐ Take my child on local walks in the neighborhood and to Cooper Park (32nd St & 43rd Ave)

Parent/Guardian Signature: _____

Date: _____

Health Information

Bethlehem
CHILD CARE CENTER

Child's Name: _____

Allergies	Reaction(s)
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: _____

Bethlehem
CHILD CARE CENTER

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

Form H-300

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 O NO O

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:

Are Your Kids Ready?

Minnesota K-12 Immunization Law

Students are required to receive certain vaccines for school or submit an exemption. This requirement applies for all public, private, online, and home schools in Minnesota. Look for your child's grade in the chart below and see how many total doses of each vaccine are needed for their grade.

Required Immunizations	Kindergarten to Sixth Grade	Seventh Grade to Eleventh Grade	Twelfth Grade
Hepatitis B (Hep B)	3 Doses	3 Doses	3 Doses
Polio (IPV)	4 Doses	4 Doses	4 Doses
Measles, mumps, rubella (MMR)	2 Doses	2 Doses	2 Doses
Varicella (Chickenpox)	2 Doses	2 Doses	2 Doses
Diphtheria, tetanus, and pertussis (DTaP)	5 Doses	5 Doses	5 Doses
Tetanus, diphtheria, and pertussis (Tdap)		1 Dose	1 Dose
Meningococcal ACWY (MenACWY)		1 Dose	2 Doses

Note: The number of doses may be different if your child is behind schedule. If your child has fallen behind on their vaccinations it is not too late to catch-up, talk to their health care provider.

Recommended but not required for school

Influenza (flu), COVID-19, Human Papillomavirus (HPV), Meningococcal B (MenB) and other vaccines are recommended for children to ensure they are fully protected. Talk to your health care provider about when your child should receive these immunizatons. For more information visit CDC: Vaccine Schedules For You and Your Family (www.cdc.gov/vaccines/imz-schedules/index.html).

Tips for parents and guardians

- Make sure your child has received all of the required immunizations before their first day of school or submit an exemption.
- Submit a copy of your child's immunization record to their school. You can get a copy of their record from the clinic or find their record on Find My Immunization Record (www.health.state.mn.us/people/immunize/miic/records.html).
- Please complete the reverse side if your child requires an exemption for medical reasons or if you are opting for a non-medical exemption due to personal beliefs.

Vaccines for Infants, Children, and Adolescents (www.health.state.mn.us/people/immunize/basics/kids.html)

Contact Immunization Program at 651-201-5503 or 1-800-657-3970 for alternate format.
ID# 52799 (08/2024)

DEPARTMENT OF HEALTH

CHILD'S NAME (FIRST, LAST):_____ CHILD'S DATE OF BIRTH:_____

Medical and non-medical exemptions

Instructions for documenting medical or non-medical exemptions and history of chickenpox (varicella)

Follow steps 1 and 2 below to document a medical exemption, non-medical exemption, or history of chickenpox.

1. Place an X in the box to indicate a medical or non-medical exemption. If you are exempting your child from more than one vaccine, mark each vaccine you are exempting them from with an X.
2. Obtain signatures for exemptions or history of chickenpox disease.

Required Immunizations	Medical	Non-Medical
Hepatitis B (Hep B)		
Polio (IPV)		
Measles, mumps, rubella (MMR)		
Varicella (Chickenpox)		
Diphtheria, tetanus, and pertussis (DTaP)		
Tetanus, diphtheria, and pertussis (Tdap)		
Meningococcal ACWY (MenACWY)		

Medical exemption: A health care provider must review and sign a medical exemption. A health care provider includes a licensed physician, nurse practitioner, or physician assistant.
By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____
(of health care practitioner)

Date: _____

Non-medical exemption: A parent/guardian must sign for a non-medical exemption and the form must be signed and stamped by a notary. A child is not required to have an immunization that is against their parent or guardian's beliefs. Choosing not to vaccinate may put the health of your child or others they are around at risk. Unvaccinated children who are exposed to a vaccine preventable disease may be required to stay home from school and other activities for up to 21 days to protect themselves and others.
By my signature I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs and I understand that they may be required to remain out of school and other activities for up to 21 days if exposed to a vaccine preventable disease.

Signature:_____ Date:_____
(of parent/guardian)

Non-medical exemptions must also be signed and stamped by a notary:

Notary Stamp

This document was acknowledged before me on

_____ (date),

by _____
(name of parent or guardian)

Notary Signature:

_____

State of _____,
County of _____

History of chickenpox (varicella) disease: If a child has previously had chickenpox, they are not required to receive the varicella vaccine. A health care provider must sign this form if the disease happened after Sept. 1, 2010. If the child had chickenpox before Sept. 1, 2010, a parent or guardian may sign this form.
My signature below means that I confirm this child does not need the varicella vaccine because they had chickenpox in the month and year _____
Signature:_____ Date:_____
(of health care practitioner, representative of a public clinic, or parent/ guardian)