

Hennepin Hears a Who Child Care Center REGISTRATION

<p>For Office Use Only</p> <p>Date Received: _____</p> <p>By: _____</p>
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Child's Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Home Address: _____ City & ZIP Code: _____

Ethnicity (Circle Answer): White African American Hispanic Other (specify): _____

Child's Dominant Language: _____ Secondary: _____

Does your child attend another child care center now? If yes, where? _____

~FAMILY CONTACT INFORMATION~

Mother's Name: _____ Phone Number: _____

Address: _____ City/Zip: _____

Place of Employment: _____

Work Phone: _____ Work Hours: _____

Parent Email Address: _____

Father's Name: _____ Phone Number: _____

Address: _____ City/Zip: _____

Place of Employment: _____

Work Phone: _____ Work Hours: _____

Parent Email Address: _____

Marital Status (Circle Answer): Married Separated Divorced Widowed

If separated who has custody? _____

Other family living in the household:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Parent/ Guardian Initials _____

~HEALTH HISTORY~

Pediatrician Name: _____ **Phone:** _____

Was your child carried full term: _____

Has your child had any childhood diseases or illnesses? _____

Has your child ever been hospitalized? _____

Has your child had any of the following? (mark all that apply):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> ear infections | <input type="checkbox"/> dizzy spells | <input type="checkbox"/> jaundice |
| <input type="checkbox"/> nose bleeds | <input type="checkbox"/> sore throats | <input type="checkbox"/> convulsions |
| <input type="checkbox"/> pneumonia | <input type="checkbox"/> broken bones | <input type="checkbox"/> weight loss |
| <input type="checkbox"/> pain during urination | <input type="checkbox"/> stomach pains | <input type="checkbox"/> headaches |

Does your family have health insurance? Yes No Medicaid: Yes No

Does your child have any health issues (medical, emotional, or behavioral) we should be aware of? If yes, please specify. _____

Is your child on any medications? Yes No If yes, please list: _____

Does your child have any food allergies? Yes No If yes, please list: _____

~ DEVELOPMENTAL HISTORY ~

At what age did your child first:
Sit alone? _____ Dress alone? _____ Say single words? _____ Speak in sentences? _____ Walk? _____

Does your child have a history of:
Physical impairment? _____ visual problems? _____ speech problems? _____ hearing problems? _____

Is your child potty trained? _____

Does your child exhibit any fears? _____

Has your child been cared for by anyone other than yourself? _____

Does your child use the restroom independently? _____

Does your child need help dressing/undressing? _____

Does your child nap? _____

Does your child dislike any foods? _____

Has your child has experiences interacting with other children? _____

Parent/ Guardian Initials _____

**HENNEPIN HEARS A WHO
PARENT CONTRACT**

The Hennepin Hears a Who Child Care is licensed to care for children ages 18 months to 12 years. The Center will be open Monday thru Friday from 6:00A.M. – 6:00 P.M. The Center will be CLOSED on the following holidays and there will be no charge for these days: Thanksgiving (and the day after), Christmas Eve, Christmas Day (and the day after), New Year’s Day, April 17, Memorial Day (and the Friday before), July 4th (and the day after), Labor Day (and the Friday before).

PARENT/GUARDIAN RESPONSIBILITES

1. Parents are expected to bring their children to the classroom door and “CHECK-IN” with the teacher. Children should be dressed in proper attire for the day and infants and toddlers should be wearing a clean diaper.
2. Parents MUST have their children at the center before 11:00 a.m. or not until after 2:00 p.m. No children (except infants) will be allowed in during this time as it interferes with nap time and their daily schedule.
3. Parents are welcome to observe their child’s program at any time during the day.
4. Children who become ill may not remain in the center. Parents will be called and it is their responsibility to find someone to pick their child up. Children sent home with a contagious disease will not be re-admitted without a doctor’s note stating they are no longer contagious. Children sent home with a fever may not return until their temperature is normal for at least 24 hours.
5. Sibling infants will be given priority on the waiting list.
6. No child will be allowed to leave the center with anyone that is not listed on the child’s release form. That person must also present picture I.D. Parents must notify the Director if someone other than themselves will be picking the child up.
7. Should you decide to withdraw your child from the center a written two weeks notice is required.
8. Any change in family – i.e. Divorce, custody, order of protection, separation – must be notified to the director and documentation must be on file.
9. Children are expected to be in attendance on the days set up between the Center and the parents. If your child will not attend on that day you must call the center and notify the staff. There are no free sick days, therefore payment is still due for these days.
10. Vacation Days – Each family will have two weeks vacation that match their schedule. Example – If your child attends 2 days/week you will have 4 free vacation days/year. 5 days/week = 10 days/year etc...

FEES/PENALTIES

1. A \$25.00 family registration fee is non-refundable.
2. 5% late fee for tuition not paid on time.
3. \$5.00 late fee for every 15 minutes after normal hours.
4. \$20.00 fee for returned checks
5. \$50.00 withdrawal fee without 2 weeks notice.
6. Non-payment of fees will result in termination of services.
7. **Collections Policy** - All Payments are due the Friday BEFORE the upcoming week, for that week. Tuition must be paid one week ahead of time. After 7 days, written notification will be sent and payment must be received or a payment plan set up by the date given. After this date a Final Demand Letter will be sent and services will be terminated. All non-payments will then be reported to the Credit Bureau and actions will be taken by a Collection Agency.

Check the box if you are fully or partially subsidized by Department of Social Services. D.S.S requires notification of any changes in work schedules – days and/or hours you are working – within 7-10 days. We require the same notification. D.S.S. only pays for your children when you are working. A new Letter of Approval is due on the day when the old one expires. Failure to hand in this letter will result in the parent paying for childcare until the New Letter is received. This payment will be considered a down payment to continue services, and when a new letter is turned in this money will be returned.

I have read the above contract with the Hennepin Hears a Who and I agree with all of the terms. I also agree with the following schedule for my children and Tuition I have agreed to pay. Any changes will be made with the Director.

Days and Hours my child will usually attend: _____

Check Meals your child will receive: _____ breakfast _____ morning snack _____ lunch _____ afternoon snack

Tuition I am responsible for paying each Friday: _____

Parent Signature/Date

Director Signature/Date

HHW may amend the contents of the contract/policies. In the event changes occur, you will be notified verbally and in writing. An amendment to the existing contract will be drafted by Hennepin Hears a Who and signed by the program and the parent/ guardian.

Parent/ Guardian Initials _____

Hennepin Hears a Who Child Care Center

RELEASE FORM

NAME OF CHILD: _____

DATE OF BIRTH: _____

ADDRESS: _____

PARENTS NAMES: _____

Please initial after each sentence to indicate your authorization.

1. In the event of an accident or injury, I give permission for my child to be treated in a hospital if I cannot be reached.

Parent Initials _____

2. I authorize the use of my child's photographs for HHW advertising and/or publicity purposes.

Parent Initials _____

Signature of Parent/Guardian: _____

Relationship to above named child: _____

Date: _____

Parent/ Guardian Initials _____

Hennepin Hears a Who Child Care Center

EMERGENCY CONTACTS & PICK UP LIST

CHILD'S NAME: _____

Emergency Contacts

Name (First & Last)	Address	Telephone #	Age	Date of Birth (M/D/Y)	Sex (M/F)

List of Approved People to Pick Up My Child *(these people need to bring photo ID when picking up)*

Name (First & Last)	Address	Telephone #	Age	Date of Birth (M/D/Y)	Sex (M/F)

People NOT allowed to pick up my child:

Parent/ Guardian Initials _____

Hennepin Hears a Who Child Care Center

Sleeping Arrangements

Parent/Guardian Name: _____

Name of Child in Care: _____

Child's D.O.B.: _____

Days and Hours of Care:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Sleeping Arrangements: Children will be napping/sleeping on cots in their classroom. Children will be supervised at all times during nap/ sleeping periods. HHW uses electronic monitors to ensure the safety of all children. On occasion these monitors will be used during nap times if caregivers are not physically present in the classrooms.

I give my permission for HHW to use electronic monitors during nap to supervise my child.

Parent/ Guardian Signature: _____

Provider Signature: _____

Parent/ Guardian Initials _____