"Growing to our full potential"

Child Care Registration Packet
For Infant, Toddler, Preschool, and School-Age Child Care
Emergency Information:

Child’s Name: _____________________________ Date of Birth: ________________

Street Address: __________________________________________________________

City: _________________________ State: _________ Zip Code: ____________

Phone: _____________________________

Mother: _____________________________ Email: ______________________

Street Address: ________________________________________________________

City: _________________________ State: _________ Zip Code: ____________

Phone (H): ________________________ (C):____________________________

Mom’s Place of Work: ___________________________ Phone: ______________

Father: _____________________________ Email: ______________________

Street Address: ________________________________________________________

City: _________________________ State: _________ Zip Code: ____________

Phone (H): ________________________ (C):____________________________

Father’s Place of Work: ___________________________ Phone: ______________

Source of Regular Medical and Dental Care:

Physician Name: ________________________________________________________

Health Care Facility Name: ________________________________________________

Health Care Facility Address: ______________________________________________

Health Care Facility Phone: _______________________________________________

Health Concerns: _________________________________________________________

Allergies: __________________________________________________________________

Dentist Name (we must have this for infants also): _____________________________

Dentist Office Address: ____________________________________________________

Dentist Office Phone: ______________________________________________________

Unauthorized Person(s)-CANNOT PICK UP CHILD

1) _____________________________ 2) _____________________________
EMERGENCY INFORMATION FORM

Page 2 of 2

Emergency Contacts: (Who may also pick up my child from the child care center)

Name: ____________________________  Name: __________________________
Phone #1: _________________________  Phone #1: _______________________
Phone #2: _________________________  Phone #2: _______________________
Address: __________________________  Address: ________________________
Relation: __________________________  Relation: ________________________

Name: ____________________________  Name: __________________________
Phone #1: _________________________  Phone #1: _______________________
Phone #2: _________________________  Phone #2: _______________________
Address: __________________________  Address: ________________________
Relation: __________________________  Relation: ________________________

Pick-Up Authorization:

These people also have my permission to pick up my child from the Child Care Center:

____________________________________________________________________
(Name)  (Address)  (Phone)

____________________________________________________________________
(Name)  (Address)  (Phone)

______________________________________________
(Parent Signature)  (Date)
Child’s Name: ____________________________________  Birth Date: ____________

**Hours and Days of the week your child will attend the center:**

Monday: ________________________________________

Tuesday: __________________________________________

Wednesday: _______________________________________

Thursday: _________________________________________

Friday: ______________________________________________

*Breakfast, lunch, and snack are provided.*

List any **ALLERGIES** (food or medical) your child has:

____________________________________________________________________

List any health and/or developmental concerns you have for your child:

____________________________________________________________________

____________________________________________________________________

Are there any family circumstances we need to know about to provide appropriate care for your child?

____________________________________________________________________

____________________________________________________________________

Are there any family traditions and customs or cultures you would like to share with us?

____________________________________________________________________

____________________________________________________________________

How do you comfort your child?

____________________________________________________________________

____________________________________________________________________

What are your child’s favorite activities?

____________________________________________________________________

____________________________________________________________________
Child's Name: ____________________________  Birth Date: __________

What language(s) do you speak at home?

______________________________________________________________________

Is your child toilet trained? __________

How does he/she indicate they have to use the bathroom?

______________________________________________________________________

*******Complete below if your child is Infant or Toddler************

Describe your child’s sleeping habits:

______________________________________________________________________

Describe your child’s eating schedule:

______________________________________________________________________

How does your child communicate his/her needs to you?

______________________________________________________________________

******Child Care Teacher signature**********

(Child Care Teacher signature)  (Date)

(Child Care Teacher signature)  (Date)

(Parent signature)  (Date)
Child's Name __________________________

I give my permission to Jaguar Kid Connection Child Care staff to provide appropriate care for my children in an emergency, in the event I cannot be reached or am delayed.

____________________________________________  ________________
(Parent Signature)                              (Date)

I give my permission for my child to be photographed for center curriculum, projects, website, social media, and newspaper articles.

____________________________________________  ________________
(Parent Signature)                              (Date)

I give my permission for the JKC Health Consultant to review my child’s records concerning health issues and to review immunization records when needed.

____________________________________________  ________________
(Parent Signature)                              (Date)
Every once in a while, students from the community attending school for early childhood have assignments to observe children in a child care setting. We try to help out as much as possible. We do not allow the child and the student to be alone together at any time. The student will always be under direct supervision by a teacher in the classroom. This will not harm your child in any way or take away from their experiences. It is just an educational opportunity for students who want to become an early childhood professional. I give my permission for my child to be observed.

____________________________________________  ________________
(Parent Signature)                          (Date)

I give my permission to Jaguar Kid Connection Child Care staff to administer the following products according to manufacturer's instructions or as instructed by a health professional (a check by the items indicates permission):

**Supplied by the Parent:**

- Diaper Wipes _____
- Diapers _____
- Rash or Diaper Ointment _____
- Toothpaste _____
- Chapped Lip Remedies _____
- Toothbrush _____
- Infant Formula and Food _____

____________________________________________  ________________
(Parent Signature)                          (Date)
I, ___________________________________ have been instructed and notified of the Jaguar Kid Connection Child Care Program Policies and have been given a tour of the facility. (Optional – upon request).

_________________________________________  ______________________
(Parent Signature)  (Date)

_________________________________________  ______________________
(Center Director Signature)  (Date)
Infant Meal Notification Letter

To: Parents and guardians of infants under one year of age
Center: Jaguar Kid Connection
Topic: Infant Meals

All children enrolled in this childcare center, including infants, are eligible for meals through the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Childcare centers who participate in this program are reimbursed by USDA to help with the cost of serving nutritious meals that meet CACFP guidelines to all enrolled children. To fully meet CACFP requirements, this center is required to provide formula and other required infant foods (iron-fortified infant cereal, grains, fruits, vegetables and meat/meat alternates) to enrolled infants.

The iron-fortified infant formula this center offers is: SIMILAC ADVANCE

You may choose to bring your own iron-fortified infant formula, provide expressed breastmilk or breastfeed on site. The center will introduce semi-solid foods to your infant according to the decisions made by you and your infant's doctor. When your infant is developmentally ready to consume solid foods and you choose to supply expressed breastmilk or a creditable infant formula or breastfeed onsite, then the center must provide all the other required meal/snack components. Alternatively, you may choose to provide a solid food component when your infant is developmentally ready to consume solid foods. In this situation, the center must supply all the other required meal/snack components, including the iron-fortified formula.

Please Check Your Preferences:

**Formula or Breastmilk:** (check one)

_____ I want the center to supply formula for my infant. (Similac Advance brand)

_____ I will provide the following formula for my infant: ____________________

Note: I understand that I will need to submit a Special Diet Statement if my infant needs a low-iron infant formula or other Food and Drug Administration (FDA) exempt formula.

_____ I will provide breastmilk for my infant.

_____ I will breastfeed my infant at the center, when able.

**Solid Food:** (check one)

_____ I want the center to supply solid food for my infant when he/she is developmentally ready.

_____ When my child is developmentally ready, I will provide one (1) food component, if I am not supplying breastmilk or infant formula.

Infant’s name: ___________________________ Birthdate: ______________

Parent/Guardian signature: _______________________ Date: ______________

This institution is an equal opportunity provider.
## Immunization Form

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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth to 6 months</th>
<th>12-24 months</th>
<th>At Kindergarten</th>
<th>At 7th grade</th>
<th>At 12th grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Haemophilus influenzae type b (Hib)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pneumococcal (PCV)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Polio</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles, Mumps, Rubella (MMR)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chickenpox (varicella)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tetanus, Diphtheria, Pertussis (Tdap)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meningococcal (MCCV4)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:**

1. 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.

2. 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.
**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

1. **Document a medical and/or non-medical exemption (A and/or B).**
   Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Medical Exemption</th>
<th>Non-Medical Exemption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus, and Pertussis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em> type b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickenpox (varicella)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **A. Medical exemption:** 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: __________________________ Date: ______________
   (of health care practitioner*)

2. **History of chickenpox (varicella) disease.** This child had chickenpox in the month and year ________

   My signature below means that I confirm that this child does not need chickenpox vaccine because:
   - [ ] I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
   - [ ] I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

   Signature: __________________________ Date: ______________
   (of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

   *Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

   Minnesota Department of Health - Immunization Program (2019)

   **B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian’s beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them 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. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

   Signature: __________________________ Date: ______________
   (of parent or guardian in presence of notary)

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

   This document was acknowledged before me on ____________ (date) by
   (name of parent or guardian)____________________________

   Notary Signature: __________________________

   STATE OF MINNESOTA, COUNTY OF

   **3. Consent to share immunization information:** This school is asking for permission to share your child’s immunization record with Minnesota’s immunization information system. Giving your permission will:
   - Provide easier access for you and your school to check immunization records, such as at school entry each year.
   - Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

   Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

   I agree to allow my child’s school to share my child’s immunization documentation with Minnesota’s immunization information system:

   Signature: __________________________ Date: ______________
   (of parent/guardian)
IMMUNIZATION FORMS AND HEALTH CARE SUMMARY

There tends to be confusion surrounding the next 2 documents, the first is our immunization form. This form is supplied by our licensing authority and while they allow us to accept a print out of your child’s vaccinations from the clinic, we have to have a signature in one of the four boxes on the second page (please fill out the top of page 1 also).

If your child is 15 months or older, you may sign box 1. A.

If your child is not yet 15 months old we need his or her doctor to sign box 1. B.

If you have a medical exemption to any vaccinations, please have your child’s physician sign the box 2. A.

If you have decided not to vaccinate your child because you have a conscientious objection to immunizations, box 2. B needs to be signed and notarized.

The next form is the Health Care Summary that, like the Immunization Form, is supplied to us by our licensing authority. This form must be filled out and signed by your child’s physician. We are not allowed to accept forms generated by a medical center.

Both forms need to be complete before we can enroll your child in Jaguar Kid Connection Child Care programs. If you have any questions please feel free to call or to email or fax them to us. (Fax: 320-346-2589)
HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: ________________

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

<table>
<thead>
<tr>
<th>Important Health Problems</th>
<th>Followed By You</th>
<th>Followed By Other Med Source (Name)</th>
<th>Requires Special Attention at Center</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other information helpful to the child care program __________________________________________

__________________________________________________________

Phone __________________________

Signature of Health Source ________________________________________  Address __________________________

Date ____________________________

***** Please fax back to Jaguar Kid Connection at 320-346-2589 ASAP *****

MS-2085
Mother’s Name:__________________________________ Phone:(H)_____________________
E-mail address:___________________________________            (W)_____________________
(C)_____________________
Father’s Name:___________________________________ Phone:(H)_____________________
E-mail address:___________________________________            (W)_____________________
(C)_____________________
Home Address:  __________________________________
______________________________________________
______________________________________________

Effective Contract Date:___________________________

This Document serves to establish an agreement for the child/children listed below:

1st Child: _________________    2nd Child: ________________    3rd Child: _______________
Date of Birth ____/____/_____    Date of Birth ____/____/_____    Date of Birth ____/____/_____
Age Category _____________    Age Category _____________    Age Category _____________
(Age Categories: Infant, Toddler, Preschool, School Readiness, School Age)

Contract Type:
Year-round _____    School-year  _____     School Readiness  _____    Summer ______
*(150 Summer holding fee per child for school-year contracts)

Contracted Schedule:
Infants/Toddlers/Preschool:
  2 Days_____  (T/Th or W/F only)  3 Days_____ (M/T/Th or M/W/F)
School Days_____        5 days _____

School Age:
  Before School _____    After School _____    Non-School Days _____

Schedule:
Care will be provided normally from _________am to _______ pm on the following days.
(JKC is open from 6:45am to 5:15pm.)
Jaguar Kid Connection Weekly Rates

<table>
<thead>
<tr>
<th>Infant (6 weeks - 16 months)</th>
<th>2 Days</th>
<th>3 Days (includes M)</th>
<th>School Days</th>
<th>5 Days</th>
<th>Drop-In</th>
</tr>
</thead>
<tbody>
<tr>
<td>$74</td>
<td>$107</td>
<td>$130</td>
<td>$157</td>
<td>$37</td>
<td></td>
</tr>
<tr>
<td>Toddler (16 months - 33 months)</td>
<td>$71</td>
<td>$107</td>
<td>$121</td>
<td>$144</td>
<td>$37</td>
</tr>
<tr>
<td>Preschool (33 months - PreK)</td>
<td>$74</td>
<td>$107</td>
<td>$127</td>
<td>$148</td>
<td>$37</td>
</tr>
<tr>
<td>School-Age (K-6)</td>
<td>$74</td>
<td>$107</td>
<td>Before school: $6/day</td>
<td>$148</td>
<td>Non-school days: $37</td>
</tr>
</tbody>
</table>

Contracted Amount per week: ________________  (*Must complete auto-withdrawal form.)

- A $35 registration fee for each new child is required upon registration and admission.
- All Preschool 2 children must pay a $35 registration fee.
- Payment process: Automatic withdrawal is mandatory for all families. Automatic withdrawal payments will be taken out on the Monday of services from your checking or savings account.
- Families receiving public assistance for child care services must notify the childcare Coordinator immediately of any changes in the status of this assistance. Failure to notify the Coordinator within five business days will result in assessment of late charges and possible termination of services.
- A $25 late fee will be charged each week for tuition payments not received or if there are insufficient funds in your account. This fee will be added weekly until payment is received in full.
- There will be no reduction in fees due to center closures or child absences of any kind.
- A two-week written notice with payment and pre-approval is required to change your contract.
- A two-week written notice with payment is required for withdrawal of a child.
- A child may be dismissed immediately from the center if the welfare of themselves or others makes it necessary and if all remedies to the situation have been exhausted.
- JKC will open on time when school is 2 hours late but will CLOSE AT 4:30pm on days with early outs or school closings due to weather or unexpected circumstances.
- JKC will be open for child care on BBE snow days from 6:45-4:30pm unless notified otherwise.

I have read this contract and the Jaguar Kid Connection Childcare/Preschool/School Readiness Handbook and understand my financial expectation and responsibilities:

Parent Signature: ____________________________________________  Date: ____________

Director Signature: ____________________________________________  Date: ____________

6/22
ELECTRONIC TRANSFER AUTHORIZATION
FOR WEEKLY PAYMENTS

I authorize Belgrade-Brooten-Elrosa Public Schools (Jaguar Kid Connection) and the financial institution listed below to initiate electronic debit entries from my: (Check One)

Checking Account _____ Savings Account _____

I acknowledge that the origination of ACH transactions from my account must comply with the provisions of U.S. Law.

In the amount of $_______ every Monday of the week. This authority will remain in effect until a two week written notification is given to Jaguar Kid Connection as the Financial Institution needs a reasonable opportunity to cancel the debit transaction.

Financial Institution: ___________________________________________________

City and State: _______________________________________________________

Bank Phone Number: __________________________________________________

Name (please print): ___________________________________________________

Signature: _________________________________ Date: _______________

Phone Number: _________________________________

Transit Routing Number: _________________________________ Account Number: _________________________________

Please print routing and account number CLEARLY and if possible attach a voided check for verification of all financial institution information.
You are receiving this form because we heard there is an addition to your family, or we’ve missed you on our census records.

Please fill out the following information so we can include your child on our student management system.

<table>
<thead>
<tr>
<th>Child’s Full Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Child’s Date of Birth: | Gender: |
| MM/DD/YYYY            | F       |
|                      | M       |

<table>
<thead>
<tr>
<th>Father/Guardian Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother/Guardian Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Phone Numbers: | Home: | Cell: | Work: |
|               | Father |      |      |
|               | Mother |      |      |

<table>
<thead>
<tr>
<th>E-mail Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child lives with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Parents</td>
</tr>
<tr>
<td>Mother</td>
</tr>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth City:</th>
<th>Birth State:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Is your child Hispanic/Latino?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Race:</th>
<th>American Indian or Alaskan Native</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>(circle)</td>
<td>Black or African American</td>
<td>White</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Language:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>