



Health Care Summary

(MUST BE COMPLETE BY CHILD'S PHYSICIAN)

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.

Indicate if you or someone else is following the child for the problem, and list what problems require special attention at the center.

<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>

Other information helpful to the group day care center

Source of Health Care (Dr. Signature)

Associates or Clinic

Date _____

Address

Emergency Information & Consent For Treatment

It is a Minnesota Department Of Human Services requirement that a complete Emergency Information & Consent For Treatment be collected for each child enrolled in our program. It is the responsibility of each child's parent or legal guardian to immediately notify Room For Growing of any changes with the information on this form.

Child Information

Child's Full Name		Child's Date Of Birth	
Medical Conditions/Allergies			
Full Home Address			

Parent Or Legal Guardian Information

Parent Full Name		Telephone #		Work #	
Full Home Address	(Only List If Different From Child)				
Employer		Employer Address			

Parent Full Name		Telephone #		Work #	
Full Home Address	(Only List If Different From Child)				
Employer		Employer Address			

List Legal Guardians	
Are there any special circumstances?	

Emergency & Authorized Pick Up Contacts

For the protection of your child and in any emergency situation which may arise, the Minnesota Department Of Human Services requires two people, in addition to parents, be listed in the case that a parent is not available in an emergency situation. The emergency contact and authorized pick up people listed below have permission to receive information about your child and pick your child up in an emergency situation.

Emergency & Authorized Pick Up Contact One First & Last Name		Relationship To Child	
Full Address		Telephone #	

Emergency & Authorized Pick Up Contact Two First & Last Name		Relationship To Child	
Full Address		Telephone #	

Consent For Treatment

Medical Clinic Location		Telephone Number	
Full Address			
Family Dental Clinic Location		Telephone Number	
Full Address			

I give permission to Room For Growing to make whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the center. In case of a medical/dental 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 (police, rescue squad) deems it necessary. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf. By signing this form, I authorize Room For Growing to release any information pertaining to my child to persons listed as an emergency contact or authorized pick up.

Signature _____ Date _____ Relationship to Child _____

Enrollment Application

It is a Minnesota Department Of Human Services requirement that a complete enrollment application be collected for each child enrolled in our program. It is the responsibility of each child's parent or legal guardian to immediately notify Room For Growing of any changes with the information on the application.

Child Information

Child's Full Name		Child's Date Of Birth	
Full Home Address			

Enrollment Schedule

Start Date		Weekly Schedule Circle Days Needed	M T W Th F	Estimated Arrival & Departure Times	
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Parent Or Legal Guardian Information

Parent Full Name		Date Of Birth		Social Security #	
Full Home Address	(Only List If Different From Child)				
Email Address		Telephone #		Work #	
Employer		Employer Address			

Parent Full Name		Date Of Birth		Social Security #	
Full Home Address	(Only List If Different From Child)				
Email Address		Telephone #		Work #	
Employer		Employer Address			

List Legal Guardians	
Are there any special circumstances?	

Under the laws of the state of Minnesota, both parents may have the right to pick up their child unless a court document restricts that right. The enrolling parent who chooses not to include the other parent's name on the authorized list or pickup must file an official court document such as the following: current Restraining order, sole-custody decree, divorce decree stating sole custody, judgment of adoption, foster parent documentation.

Absent this documentation, the program may release the child to either parent, provided that parent documents biological or adoptive parenthood of that child. The parent must provide the program with updated legal documents when any changes occur.

Parent Signature _____ Date _____

Director Signature _____ Date _____

Individual Child Profile

Child's Full Name _____ Birthdate _____

Race (Circle One) American Indian Asian African American Native Hawaiian Caucasian

Ethnicity (Circle One) Hispanic/Latino Not Hispanic

Start Date _____

Schedule (Circle Dates) M T W Th F Estimated Drop Off & Pick Up Times _____

General History

Does your child have previous experience in a group setting? _____

What are your child's favorite activities and/or special interest? _____

What language is spoken in your home? _____

Are there any traditions, beliefs, values, preferences or information about your family that you would like us to address at the center to help your child adjust and feel comfortable? _____

Are there any family concerns you think we should be aware of? _____

Health History

Does your child have any medical conditions, restrictions, sensitives or allergies? _____

Does your child have any special needs, an IEP, IFSP or is eligible for a developmentally disability case manager? _____

What arrangements can you make for your child's care during illness? _____

Does your child currently have communicable disease? Yes Or No (Circle One) If yes, please explain _____

Any serious illness that require hospitalization? _____

Are there any medications given regularly? _____

Social Emotional Health

Every child, at one time or another, exhibits the behaviors listed below. Please indicated, by circling, which words you feel are most applicable for your child.

Easy-Going	Quiet/Shy	Feisty	Leader/Outgoing	Cooperative	Active
Sensitive	Stubborn	Slow To Warm Up	Independent	Intense	Withdrawn

Is there anything you think, that we, as teacher, should know about your child to help us support them more effectively in the classroom setting? _____

Any concerns about your child's emotional or social development? _____

Daily Routines

Describe your child's eating schedule and habits _____

Is your child fully toilet trained? _____ Does your child need assistance in the bathroom? _____

How many hours does your child sleep per night? _____ Does your child nap? _____

Describe your child's nap and bedtime routines and preferences _____

Additional Information

Please share any additional information that will help your child adjust better in our program. _____



Parent Tuition Agreement

My child _____ is enrolled in the Room for Growing program.

The weekly tuition rate at the start of enrollment is: \$ _____

**If you use child care assistance to cover tuition costs, please list the county you live in and your case workers name,

County _____ Caseworker _____

Initials	Parent Agreement
	Tuition is due on the first day of attendance every week.
	Room For Growing does not offer free vacation or sick days. Tuition is due whether a child attends or is absent. We do offer one vacation week per year at half cost, after six months of enrollment.
	Fees are due the first day of attendance, each week. Late payments will be subject to a fee of \$35.00 per week. A late fee of \$40.00 will be charged for the weeks of Christmas and New Year's.
	Returned checks will be subject to a \$40.00 surcharge.
	For children picked up after our normal closing time there is a late charge of \$25.00 for the first 15 minutes and \$15.00 for every 15 minutes after.
	A 10% discount is given to the lower priced program for families with more than one child enrolled, if paid within the same week of service. Monthly payments made at the beginning of each month for current month will receive a 2% discount. These payments will need to be made on the first day of attendance for that month.
	All schedules that are less than 5 full days per week are based on availability. Enrollment with a flexible schedule is limited. Families on flex schedules are not guaranteed an enrollment spot, the ability to attend is based on Room For Growing's availability.
	Children not on the full-day program will be charged the hourly fee for any time beyond the program hours.
	I understand my rates may change and this amount will be adjusted accordingly. I have read the regulations regarding tuition payments and agree to abide by them.
	A 2-week written withdrawal notice is required after a child has begun attendance.
	All accounts outstanding 30 days or more will be submitted to collections, if not paid.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Signature of Director



Room For Growing
Educational Child Care

Room For Growing Facts To Know

(Please read carefully & Sign)

Days Closed: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Day and Good Friday. In addition if a holiday lands on a Saturday we will be closed the Friday before, and if the holiday lands on a Sunday we will be closed the Monday after. We will close early on Christmas Eve (12:30pm) and New Year's Eve (4:30pm).

Field Trips: Children under the age of four years will not be transported. Children over four years old will be transported by a bus service with written parent permission for each individual trip taken.

Immunization: Minnesota State Law & Room For Growing requires that all children enrolled in the center be fully immunized, be in the process of being fully immunized, or have a medical exemption statement from a physician that immunizations are inadvisable for medical reasons.

Consent For Release Of Health Information In Accordance With 9503.0125: The information contained in the child's record is collected to assist the license holder in providing appropriate care for the child. It is available to the child, the child's parent or guardian, the child's legal representative, employees of the license holder and the Commissioner of the Minnesota Department of Human Services. With this release, I permit the HEALTH CONSULTANT of the license holder to review health and medical information contained in the child's record in order to identify specific health/medical needs of the child and to recommend program plans to assist the license holder to meet these health/medical needs.

Exclusion Policy: To maintain a healthy environment we follow DHS exclusion policies for illness. Children will be sent home if they have a temperature of 100 degrees or above, diarrhea, vomiting, undiagnosed rash or pink eye. Children must be fever free and medication free for 24 hours, before returning to care. Children must be free of diarrhea and vomiting for a 24 hour period before returning to care. Pink eye must have a full day of treatment before returning to the center.

Medication: A doctor's note is required for us to administer over the counter medications. The doctor's note should include the child's name, name of medication, dosage and frequency to be administered. Medication can be administered for up to two weeks, and can only be administered at Room For Growing when required. Prescription medications can be given without a doctor's note, as long as it was prescribed within the last two weeks. The prescription medication must be in the original packaging, include a side effects list, and prescription sticker intact. All medications must come in with the child's first and last name on it.

Late Pick-Up: The north and south centers in Forest Lake are open from 6-615pm and the North Branch and Chisago centers are open from 6-630pm. The late pick up fee is \$25 for the first 15 minutes, and \$15 for every 15 minutes after.

Babysitting Policy: Room For Growing does not support or endorse families using our staff for the purpose of babysitting their children. Parents are not allowed to solicit staff for babysitting their children while they are working during the day at the center. Nor is staff allowed to solicit families for the purpose of babysitting while they are working. Any activity in reference to babysitting must be done outside of the center.

SUIDS: All infants are placed in the back to sleep position in their cribs while napping at the center. Also, all infants will be placed in a sleep sack as an alternative to blankets, while napping in their crib. Blankets are not allowed until a child is one year old. Swaddling is also not practiced at Room For Growing.

Parent Signature _____ Date _____



Room For Growing
Educational Child Care

Post Visit Response Form

We are delighted that you have chosen to visit our early childhood program and hope that you enjoyed your time with us today. In an effort to better understand and serve the needs of the children and families, we ask that you take a few minutes to complete the following thoughts.

During my tour of your center –

I learned . . .

I liked . . .

I wondered . . .

I didn't understand . . .

I felt . . .

I didn't like . . .

I have decided that this program meets the needs of my child and our family because . . .

I have decided that this program does not meet the needs of my child and our family because . .

Name _____

Telephone _____

Room For Growing's Safety & Privacy Policies

Safe Departure Policy Notice

If we are concerned for the safety or well-being of your child should we release that child to you, we will inform you of our concern and call another person on your authorized list to pick up the child.

If we are concerned for your child's safety when a person on your authorized list picks up your child, we will phone you immediately and/or call another person on our authorized list to pick up your child.

Vehicle Safety Seats and Seatbelts Policy

Adults who transport children in vehicles must maintain and use safety seats and seatbelts in compliance with state laws. Failure to follow these standards will result in our calling another person on the authorized list to pick up the child. As mandated reporters, we also will report you not using a safety seat to the police and Department of Social Services.

Age Requirement For Being On An Authorized List

Persons on the Authorized List must be at least 18 years of age and able to document their age and identity.

Both Parents' Rights To Pick Up The Child

Under the laws of the state of Minnesota, both parents may have the right to pick up their child unless a court document restricts that right. The enrolling parent who chooses not to include the other parent's name on the authorized list or pickup must file an official court document such as the following:

- Current Restraining order
- Sole-custody decree
- Divorce decree stating sole custody
- Judgment of adoption
- Foster parent documentation

Absent this documentation, the program may release the child to either parent, provided that parent documents biological or adoptive parenthood of that child. The parent must provide the program with updated legal documents when any changes occur.

The Room For Growing Educational Child Care Center Privacy Act

The Room For Growing Educational Child Care Center will keep all records and information about your family strictly confidential and private. We will abide by our state's privacy laws and will release records or information about your family only when required by law. This includes releasing information to the child care licensing department, child protection agency, police, and health care professionals. Other than these legal requirements, we will release records or information or information only with written permission.

The director of the Room For Growing Educational Child Care Center will decide which staff may have access to confidential information about your child. The following records of your child are available for your inspection at any time: enrollment forms, medical records and incident reports. Contact the director to set up a time to view these records.

We forbid the taking of any pictures or videos (in whatever format) by parents (or anyone else) of the children in our program.

Common Practices

Below is a list of common practices we follow that may raise an issue for you about privacy. Please review these practices and initial each item to which you consent. If you do not consent, we will not share the information about your child.

Initial For Approval	
	We may post photographs of your child in the classroom.
	We have a photo album of our program that may include a photo of your child. Prospective parents would be able to view this album.
	We may post the name of your child on his/her cubby.
	We may post the name of your child or your name on classroom bulletin boards.
	We may post photos of your child in our program-marketing literature or newsletter.
	We may post artwork or other artwork or other craft activities in the classroom that identify your child by name.
	We maintain a video surveillance camera in your child's classroom that will be shared only with staff for training purposes and with authorized authorities (if requested).

Internet Privacy Policy

In addition to our general policy on privacy, the Room For Growing Educational Child Care Center has adopted this Internet Privacy Policy to protect the privacy of its clients. We will not share any information on the Internet about the current or past children and families enrolled in our program without the written permission of the parents.

This includes the posting of names, contact information, photographs, videos, audio, or other likeness of children or family members on our website.

Facebook page, Twitter, You Tube, or any other location that could be distributed through the Internet. This includes the sharing of information through texting on cell phones. We have also adopted a confidentiality policy with the employees of our center that prohibits them from sharing any information about children or family members on the Internet.

Parents are asked to sign a copy of this policy indicating that they have read and received a copy of the policy amendments listed above.

Parent signature _____ Date _____

Parent signature _____ Date _____