



Minnieland Private Day School, Inc.

School _____

Enrollment Date: _____
Withdrawal Date: _____

Child's Name _____ Nickname _____ Date of Birth _____ Sex _____

Mother/Father/Guardian Information

(List only individuals who have legal custody of child. If mother is not listed, or if guardian is not a parent, legal proof of custody must be provided.)

Name _____ SSN _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Email Address _____

Employer Address _____

Mother/Father/Guardian Information

(List only individuals who have legal custody of child. If father is not listed, or if guardian is not a parent, legal proof of custody must be provided.)

Name _____ SSN _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Email Address _____

Employer Address _____

EMERGENCY CONTACT INFORMATION

Persons authorized to pick-up the child daily: _____

Persons to be contacted in case of illness, accident or emergency and authorized to pick-up the child from the school if the parents or guardians cannot be reached. *(Minimum of 2 required)*

Name _____	Address _____	Phone _____	Relationship _____
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Name _____	Address _____	Phone _____	Relationship _____
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Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

List allergies and intolerance to foods, medications or other substances _____

Action to be taken _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

(Please Note: This authorization must be NOTARIZED.)

If I cannot be contacted in an emergency situation, I authorize the center's staff to obtain emergency medical treatment for my child.

Signature of Parent or Guardian _____ Date _____

Subscribed and Sworn to before me this _____ day of _____, _____.

Notary Public: _____ My Commission Expires: _____

FOR OFFICE USE ONLY

IDENTITY VERIFICATION

Place of Birth: _____ Birth Date: _____

Birth Certificate Number: _____ Date Issued: _____

Other Form of Proof: _____

CHILD'S PROFILE

FAMILY

Mother's Occupation _____ Father's Occupation _____

Other family members (brothers, sisters, grandparents, etc.) living at home:

NAME

AGE

RELATIONSHIP

Other family members living in the community:

NAME

AGE

RELATIONSHIP

HEALTH

What communicable diseases has the child had? Measles (Big Red) _____ Measles (3 day) _____

Mumps _____ Chicken Pox _____ Whooping Cough _____ Other _____

Any chronic physical problem? _____

Type of accommodations needed*: _____

Any developmental or learning need? _____

Type of accommodations needed*: _____

** If special accommodations are needed, a current copy of the child's IEP or ISP is required.*

MEDICATIONS

Are any medications given regularly? (*Please list medications and reasons*) _____

Brand of infant formula (if applicable): _____ *Please note: It is Minnieland's policy to feed infants on demand unless other written instructions are on file from the child's physician.*

SPEECH

Describe your child's speech: Rapid ___ Slow ___ Moderate ___ Clear ___ Talks Constantly ___

Seldom Speaks ___ Uses Many Words ___ Uses Few Words ___ Talks Only During Play ___

TOILETING

Does your child have any special toileting needs? ___ If so, please explain: _____

SLEEP PATTERNS

What time does your child go to bed? _____ Awaken? _____ Does he/she walk, talk or cry out at night? _____

Does he/she take anything to bed with them? _____ What is his/her mood upon awakening? _____

Does he/she take naps? _____ Typical time of nap: _____

INTERESTS

Has he/she had experience playing with other children? _____

With what age child does he/she prefer to play? _____

What are his/her favorite activities at home? _____

Does he/she like to: Be read to? ___ Listen to music? ___ Play outdoors? ___

Can he/she ride a tricycle? ___

Has he/she had experience with: Clay? ___ Scissors? ___ Easel Painting? ___

Blocks? ___ Puzzles? ___ Finger Painting? ___

MINNIELAND POLICIES

1. I understand that my child must not be left on school grounds without supervision. I agree to walk my child into the school each morning and release my child to a teacher before leaving my child.
2. I understand that all required forms must be completed and on file at the center before my child may attend.
3. I understand that no child may be released to anyone except parents/guardians without written permission. I understand that Minnieland will release children to either parent unless a court order indicating sole custody is provided to the center Director. I agree to give to the center a list of all persons authorized to pick up my child.
4. I understand that no medication will be administered without written permission from parents.
5. I agree to support and reinforce the school's rules and procedures that concern the health and safety of my child and other children.
6. I understand that the Director will notify me whenever my child becomes ill and I agree to pick-up my child or make arrangements to have my child picked up by an authorized individual within one hour of notification.
7. I understand that my child cannot attend the school if he/she has any illness that threatens the health of other children. I understand that Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever and symptom free for 24 hours before returning to school after an illness. I also understand that prescription medication must be administered to my child at home for 24 hours before he or she can return to school.
8. I understand that I am required to inform the center within 24 hours or the next business day if my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
9. I understand that child care services may be terminated for any of the following reasons:
 - My child's tuition account becomes more than two weeks in arrears.
 - Failure to respond in a timely manner when contacted by the center to pick my child when he or she is sick.
 - Failure to adhere to the 24 hour illness recuperation period.
 - Failure to notify the center, in advance, if my school age child will not be attending after-school care.
 - Failure to provide the center with up-to-date emergency contact information for my child.
 - Minnieland does not receive parental support and help if my child is found to have a learning or behavioral problem. This includes failure to attend parent conferences and to follow through with medical and/or educational specialists.
 - My child's behavior pattern threatens his or her own health and safety or threatens the health and safety of other children and staff.
 - Parents/guardians are no longer supportive of Minnieland's program and philosophy and become negative and uncooperative in their actions and opinion which may undermine the operation of the school.
 - Parents who are repeatedly late will be asked to make other child care arrangements.

PLEASE READ AND SIGN:

I have read the policies in the Minnieland Parent Handbook and understand their application to me and my child.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

Director's Signature _____ Date _____