Child's Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Boy \_\_ Girl\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MM/DD/YYYY

Address: \_\_\_Same as Mother/Guardian \_\_\_Same as Father/Guardian Other: \_\_\_\_\_\_\_\_\_\_\_

Child's Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Boy \_\_ Girl\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MM/DD/YYYY

Address: \_\_\_Same as Mother/Guardian \_\_\_Same as Father/Guardian Other: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Yes, I have received and completed an Individualized Child Care Plan for my child’s condition and/or allergies.

\_\_\_ Yes, I have included my child’s IEP & **I give permission to** **shares my child’s assessment results,** IEP, and/or IFSP with the team and/or specialty service providers.

**Parents/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*(This form must be completed/updated annually)\*\*

(Send Photo’s of ALL contacts that will be picking up your child to: kidsritinc@iw.net)

Mother/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_ Zip Code\_\_\_\_\_\_\_\_

Hm. Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wk. Phone \_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code (last 4 digits of SS #)

(Photo emailed? \_\_\_\_ )

Father/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_ Zip Code\_\_\_\_\_\_\_\_

Hm. Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wk. Phone \_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code (last 4 digits of SS #)

(Photo emailed? \_\_\_\_ )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Which Parent/Guardian to be contacted when necessary?

EMERGENCY CONTACT & AUTHORIZED PICK UP: (2 minimum) *\*\* Not yourselves!\*\**

Name \_\_\_\_\_\_ Relationship \_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_

Hm. Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_

(Photo emailed? \_\_\_\_ ) Code (last 4 digits of SS #) : \_\_\_\_\_\_\_

Name \_\_\_\_\_\_ Relationship \_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_

Hm. Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_

(Photo emailed? \_\_\_\_ ) Code (last 4 digits of SS #) : \_\_\_\_\_\_\_

\*\* UNAUTHORIZED TO PICK UP YOUR CHILD \*\* ( Court order is REQUIRED if person is a legal parent ) Photo emailed? \_\_\_\_ )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship to child Name Relationship to child

PARENT HANDBOOK: I have read Kids-R-It parent handbook. I understand and agree to follow the Center's policies, procedures, and financial agreement.

Signature: Date:

**CONSENT FORM**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTIVITY**

I hereby grant permission for my child to leave the center under proper supervision for neighborhood walks or field trips in a bus. A notice or calendar will be posted to inform me of any events taking place and a signed permission slip will be obtained prior to my child attending.

I hereby grant permission for my child to be included in evaluations, educational research, pictures and publicity connected with Kids-R-It Child Care Center & Preschool.

 I hereby grant permission for my child to use all the play equipment/art supplies, including shaving cream, and participate in all the activities of the center. I, the undersigned, do fully understand that this is a Child Care service provided by Kids-R-It Child Care Center & Preschool and that the Center and or its employees cannot be held responsible for any injury by my child/children while at Kids-R-It.

SIGNATURE DATE

**EMERGENCIES & EMERGENCY PREPAREDNESS AUTHORIZATION**

I hereby grant permission for the acting Director and staff to take whatever steps that may be necessary to obtain emergency care and/or emergency relocation of my child if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child’s physician.
3. Attempt to contact the parent through any of the emergency contacts.
4. In the event that #1-3 are unsuccessful then: Call another physician, **OR**  Call 911 for emergency help.
5. Relocate my child to the designated Safe locations stated in their Emergency Preparedness plan in the event of an Emergency.

In case of medical emergency, which includes the use of an Epi-pen, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if they (Police, Rescue Team) deem it necessary. The child will be transported at the expense of the parent.

It is understood that in some medical situations, the staff will need to contact the local emergency source before the parent, child’s physician, and/or other adult acting on the parent’s behalf. Child's source of regular and emergency medical care:

Medical:

\_\_ Avera / Access Clinic Worthington, 508 10th Street, Wgtn, MN \*\*372-2921\*\*

\_\_Sanford Clinic, 1680 Diagonal Road, Wgtn, MN \*\*372-3800\*\* Other: \_\_\_\_\_\_\_\_ Phone:

Dentist:

\_\_ AppleWhite Dental Partners, 1027 2th Ave Wgtn,Mn 56187 \*\*372-7339\*\* \_\_\_Dr. Haas 324 1/2 10th Street, Wgtn \*\*376-4939\*\*

\_\_ Family Dentistry/ 1029 3rd Ave. Wgtn \*\*376-9797\*\* Caring Hands Dental, 301 11th St NE, Pipestone, MN 56164 \*\*507-690-1745\*\*

\_\_ Friendly Dental/Dr. Johnson, 1316 McMillian St. Wgtn. MN \*\*376-5525\*\* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_

SIGNATURE DATE

**MEDICATION PERMISSION**

I hereby give Kids-R-It Child Care Center & Preschool permission to apply one or more of the following external preparations,

in accordance with the directions for use on the container that I have provided and labeled with my child’s first and last name:

 \_\_\_\_\_ Baby Wipes \_\_\_\_\_ Non-prescription ointments (such as A&D, Desitin, Vaseline)

 \_\_\_\_\_ Sunscreen product (minimum of SPF 15) and/or an insect repellent (maximum DEET of 50)

 \_\_\_\_\_(Non-prescription Motrin or Tylenol) by KRI staff to my child to be given as needed under my direction.

SIGNATURE DATE

**PRIVACY PERMISSION AGREEMENT**

Our first priority is to protect your child’s health and safety. To ensure that we are operating with your full understanding and agreement about your family’s privacy, we ask that you grant permission to conduct the following activities:

* Placing photos of your child around the center including posting for allergies in classroom, cafeteria, and kitchen.
* Giving copies of group photos of your child to other families in our care.
* Placing photos of your child in our photo albums.
* Posting artwork and other crafts that include your child’s name around the center.
* Using surveillance camera’s throughout the building to monitor children and staff.
* Listing the name of your child and information on our bulletin board.
* Listing the name of your child or other members of your family in our client newsletters.

SIGNATURE DATE

**TUITION POLICY - FINANCIAL AGREEMENT &**

**Child Enrollment Form - Child & Adult Care Food Program**

Dear Parents,

Kids-R-It participates in the U.S. Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP). This child care center receives federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow! Meals served here must meet nutrition requirements established by USDA’s CACFP. In order to participate, your center has agreed to follow USDA guidelines. In an effort to assess that these requirements are being met, USDA’s CACFP requires centers to annually collect the enrollment information listed below. Please complete the form and return it to your child care center. **Civil Rights Statement:** This institution is an equal opportunity provider.

|  |  |
| --- | --- |
| Name of the Child Care Provider/Center: Kids-R-It Child Care Center and Preschool Over 🡪  |  |
| Child’s First Name | Last Name | Child’s Date of Birth | Beginning Date of Contract |
|  |  |  |
| Enter the normal hoursyour child is in caree.g. 7:30 AM – 5 PM orsplit schedule 7:30 – 9 AM & 12:30 – 5 PM | Monday | Tuesday | Wednesday | Thursday | Friday | HOURS | RATE |
|  |  |  |  |  |  | $180.00 Min.40 I/T + $4.50/hr$94.00 Min. 20 I/T + $4.70/hr$180.00 Min.40 P/S +$4.50/hr$94.00 Min.20 P/S + $4.70/hr Non Contract $5.85 /hrBefore or After School $23.50$29.25 ½ day=1-5 hrs$58.50 daily= 6-10 hrs |
| Check the mealsyour child normallyreceives while in care | 🞎 Breakfast  | 🞎 Breakfast  | 🞎 Breakfast  | 🞎 Breakfast  | 🞎 Breakfast  | WEEKLY TOTAL |
| 🞎 Lunch | 🞎 Lunch | 🞎 Lunch | 🞎 Lunch | 🞎 Lunch |  |
| 🞎 PM Snack | 🞎 PM Snack | 🞎 PM Snack | 🞎 PM Snack | 🞎 PM Snack |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s First Name | Last Name | Child’s Date of Birth | Beginning Date of Contract |
|  |  |  |
| Enter the normal hoursyour child is in caree.g. 7:30 AM – 5 PM orsplit schedule 7:30 – 9 AM & 12:30 – 5 PM | Monday | Tuesday | Wednesday | Thursday | Friday | HOURS | RATE |
|  |  |  |  |  |  | $180.00 Min.40 I/T + $4.50/hr$94.00 Min. 20 I/T + $4.70/hr$180.00 Min.40 P/S +$4.50/hr$94.00 Min.20 P/S + $4.70/hr Non Contract $5.85 /hrBefore or After School $23.50$29.25 ½ day=1-5 hrs$58.50 daily= 6-10 hrs |
| Check the mealsyour child normallyreceives while in care | 🞎 Breakfast  | 🞎 Breakfast  | 🞎 Breakfast  | 🞎 Breakfast  | 🞎 Breakfast  | WEEKLY TOTAL |
| 🞎 Lunch | 🞎 Lunch | 🞎 Lunch | 🞎 Lunch | 🞎 Lunch |  |
| 🞎 PM Snack | 🞎 PM Snack | 🞎 PM Snack | 🞎 PM Snack | 🞎 PM Snack |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s First Name | Last Name | Child’s Date of Birth | Beginning Date of Contract |
|  |  |  |
| Enter the normal hoursyour child is in caree.g. 7:30 AM – 5 PM orsplit schedule 7:30 – 9 AM & 12:30 – 5 PM | Monday | Tuesday | Wednesday | Thursday | Friday | HOURS | $180.00 Min.40 I/T + $4.50/hr$94.00 Min. 20 I/T + $4.70/hr$180.00 Min.40 P/S +$4.50/hr$94.00 Min.20 P/S + $4.70/hr Non Contract $5.85 /hrBefore or After School $23.50$29.25 ½ day=1-5 hrs$58.50 daily= 6-10 hrs |
| Check the mealsyour child normallyreceives while in care | 🞎 Breakfast  | 🞎 Breakfast  | 🞎 Breakfast  | 🞎 Breakfast  | 🞎 Breakfast  | WEEKLY TOTAL |
| 🞎 Lunch | 🞎 Lunch | 🞎 Lunch | 🞎 Lunch | 🞎 Lunch |  |
| 🞎 PM Snack | 🞎 PM Snack | 🞎 PM Snack | 🞎 PM Snack | 🞎 PM Snack |
|  |  |  |  |  |

(form must be completed annually) 2/2006;4/2018;7/2018;10/2018;10/2019,9/2023

 Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Parent’s Name: |  | Home/Cell #: |  |
|  | **Please Print** |  |  |
| Mailing Address: |  |  Work #: |  |
|  |  City: State: Zip: |  |  |
| If there are additional children in care, please complete additional forms as needed |

I am/We are responsible for all hours and tuition my child/ren are scheduled as stated above, along with any tuition in excess of these as I have scheduled.

My child is at (Prairie Elementary, Worthington Christian, Brewster, Head Start, St. Mary’s, Adrian,

 Intermediate School, Hi-Ho,) and

 **WILL** be here on no-school days, early out days, and late start days as follows:

 **WILL NOT** be here on no-school days, early out days, and late start days.

I understand that I am making the commitment to the above schedule + $ \_\_\_\_\_\_\_\_\_\_\_ per hour for any time my child is here prior to or after those hours and not scheduled the prior week.

I agree to abide by my financial commitment to the program and that tuition is expected though my child may be ill or not present. I agree to notify the program of my child's absence or if coming in late *before* 8:30 a.m. A $5.00 Finders Fee will be added to your account if we need to find or locate your child.

A $5.00 meal charge will be placed on my account if I do not contact the center prior to 8:30 a.m.

I understand this is to cover the meal prepared but was unable to be claimed to the CACFP.

A $5.00 per minute, per child, fee if dropped off before 5:00 a.m. or picked up after 6:00 p.m. We are not to operate before or after our licensed hours of 5:00 a.m. -6:00 p.m.

I understand that in order to get vacation time my account must be paid current and any vacation time available will be applied to any outstanding balance I owe.

I agree to make a two-week deposit equivalent to my contracted hours.

I agree to pay the Registration Fee of $40.00 at initial registration and $25.00 annually per child.

I have read the payment procedures and I agree to pay the complete balance weekly, on or before Monday at 6:00 p.m., or on the first scheduled day of attendance to avoid a late fee of $5.00/day. If payment is not received by the following week, I realize my child may be dismissed from the program until the account is paid in full and may be able to return if there is a slot available.

Kids-R-It staff will have tuition payroll deducted for the current payroll. Staff with CCAP will have tuition payroll deducted for the balance of what is not covered after payments have been received.

In the event, a parent has a change in child care hours needed on a long-term basis, (at least 6 weeks) a new financial arrangement may be completed and a new schedule drawn up as long as there is room in the program for the change. A two-week notification in writing to the program is required. The changes can be implemented sooner if the program scheduling allows the change.

**SERVICE AGREEMENT:** I understand that my child is now enrolled with the Kids-R-It child care program. If for any reason I decide to withdraw my child from the center, I will give a two-week written notice and pay the tuition for the equivalent hours regardless of attendance.

How did you learn of Kids-R-It for your child/ren? (WEB site / Work Force Center / Friend / Yellow Pages / Family Services / Child Care Aware / Radio) Other?

Parent Signature SS# Date Signed

Parent Signature SS# Date Signed \_

(Form must be completed annually)

Childs Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD/FAMILY HISTORY & TRADITIONS/CUSTOMS**

**FAMILY AND SOCIAL HISTORY**

Name of Child's Siblings: Name \_\_\_\_\_\_\_ Birth Date

 Name Birth Date

 Name Birth Date

**Family Traditions and Customs**

What Family Traditions and Customs you would like us to know about?

\*\* Attached are photographs of our home\_\_, hobbies\_\_, pets\_\_, family\_\_\_, country\_\_\_\*\*

Does your family speak a language at home other than English? yes or no Language \_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL**

What are your expectations for your child at the center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what particular ways can we help your child to adjust upon arrival? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFANT / TODDLER EATING HABITS**

What are your child’s eating habits? Any diet restrictions? no or yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any eating habits that you are concerned about? no or yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFANT / TODDLER SLEEPING**

What is your Child’s napping habits/schedule? From when to when? \_\_\_\_\_\_\_\_\_ With or Without a Pacifier? (Circle)

**INFANT / TODDLER TOILET HABITS**

Is your child in Diapers / Pull-up’s

Can your child be relied upon to indicate his/her toileting wishes? yes / no Any concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFANT / TODDLER/ PRESCHOOL COMMUNICATION & SOCIAL RELATIONSHIPS**

Has he/she had experiences in playing and socializing with other children? yes or no

By nature is he/she \_\_ friendly? \_\_ aggressive? \_\_ shy? \_\_\_ withdrawn?

Will he/she know any children in the center? yes or no

Has he/she had experience with: \_\_\_ clay? \_\_\_scissors? \_\_\_\_ blocks? \_\_\_\_ water play? \_\_\_\_easel painting? \_\_\_\_ finger painting?

**INFANT / TODDLER / PRESCHOOL COMFORTING HABITS & METHODS**

Do you feel he/she will adjust easily to the center? yes or no

What may make him/her upset? How does your child show his/her feelings?

What method of behavior control is used in your home?

Does he/she like to be read to? yes or no Listen to music? yes or no

**HEALTH HISTORY OF CHILD**

Type of birth: Full term Premature \_\_\_ How Premature?\_\_\_\_\_\_\_\_\_\_\_Any complication?

What past illnesses has he/she had? At what age? Chicken Pox \_\_\_ Scarlet Fever \_\_ Diabetes \_\_ Measles \_\_ Mumps \_\_ HIV \_\_ AIDS \_\_ Hepatitis \_\_ Other Does your child have frequent colds? yes or no \_\_\_\_ Tonsillitis? \_\_\_\_ Ear Aches? \_\_\_\_\_ Stomach Aches? Does he/she vomit easily? yes or no Run high fevers easily? yes or no

Has your child had any serious accidents? yes / no Explain Has your child ever been hospitalized? yes or no What for?

Has your child ever been to a dentist? yes / no; Has your child had his/her vision tested: yes / no; Hearing tested: yes / no; Speech tested: yes / no Does your child have any handicaps? yes or no Describe

**Parents/Guardian Signature Date:**

**KIDS-R-IT CHILDCARE CENTER & PRESCHOOL**

**(Within 5 days)**

**Please Fax back to:**

**507-727-2428**

**Kids-R-It, Inc. 1118 Johnson Ave.**

**Worthington, MN 56187**

 **HEALTHCARE SUMMARY**

 ***(MUST COMPLETED BY HEALTH CARE SOURCE)***

I authorize the facility/provider to disclose the following medical information to Kids-R-It Child Care Center & Preschool on this State Health Care Summary. I understand that this information shall not be disclosed to any person other than the child, myself or guardian, the child’s legal representative, employees of the license holder and the commissioner unless I have given written consent or as otherwise required by law. I may revoke this authorization at any time by sending written notice to the facility/provider releasing records. A revocation is not valid if action was previously taken in reliance on this authorization. I understand this may include information regarding mental health, alcohol/drug use, and HIV treatment. I understand that once disclosed, information may be re-disclosed by the recipient and no longer protected. I understand this authorization is voluntary and that I may refuse to sign. This authorization expires one year from the date of my signature unless I specify a different event, purpose or alternative expiration date here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent(s) or Guardian: Date:**

(Circle One) **Please Complete/Return within 5 days……..Thank you!!!**

 Date of Enrollment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Telephone*

*Birth Date*

*Address*

*Name of Child:*

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)?

Does he/she have any allergies to food? Other?

Does this child have any handicaps or specialized needs? yes or no

Describe:

Any diet restrictions? Yes No

Is a modified diet necessary? Yes No

Is any condition present that might result in an emergency? Yes No

If yes, please indicate:

What is the status of the child’s: Vision \_\_\_\_\_\_\_\_\_\_\_\_Hearing \_\_\_\_\_\_\_\_\_\_\_Speech \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please list important health problems below.***

Important

Health Problems

Followed By You

Followed by Other

Med. Source (Name)

Requires Special

Attention at Center

Other information helpful to the child care program:

***Signature of health care***

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INFANT, TODDLER, PRESCHOOL, SCHOOL AGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Avera / Access Clinic Worthington

\_\_\_ Sanford Clinic \_\_ Other: Phone: 5/7/2018