A



**WELCOME TO EARLY EXPLORERS**

We are excited you have chosen to have your child attend Early Explorers Child Care & Preschool. We look forward to getting to know your family. Below are the necessary forms we require.

 **Registration Form –** This form includes information about your child and parent information. Also on that form is a section “Authorized to Release Child” this is where you list anyone who is allowed to pick up your child (ex. Grandparents, Aunts and Uncles, etc.). The people listed in this section will have unlimited access to your child during the center hours.

 **Medical & Emergency Information –** This form is what we will use in the case of illness or emergency. If your child develops a fever of 100 degrees or higher,

we would need to contact you. Please list the phone numbers, in the order you would like us to call them.

 **Consent Form –** We have a health consultant that comes monthly, while she is here, she may take a look at kids’ files to check immunization records. Therefore, we need you to give her consent.

 **Typical Weekly Schedule –** Please fill this out according to what their schedule will be. If there are changes that need to be made, please turn in a “Change of Schedule” form to the director.

 **Child Immunization Form –** please have the clinic that your child regularly

attends print a copy of your child’s immunization record.

 **Healthcare Summary –** This sheet needs to be filled out by a doctor or nurse that regularly sees your child. This form is due 30 days after enrollment; please return it as soon as possible!

 **Emergency Information Card –** This form is put in our emergency binder and given to your child’s classroom to contact you in case of an emergency. This form should repeat a lot of the same information as the medical and emergency form.

Please fill these forms out and return to us prior to your child’s scheduled enrollment date.

Some of the information is duplicated, but please fill them all out.

***For Office Use Only:***

**Date of Enrollment:\_ Start Date: Date of Termination:\_**

**CHILD’S INFORMATION**

**Registration Form**

Please fill out completely and legibly.

Child’s Name

(First Name) (Middle Name) (Last Name)

Date of Birth - -

Age

Sex: M F

Typical Weekly Schedule: Arrival Time Departure Time Will vary Meals to attend (circle all that apply) Breakfast (8:00) Lunch (11:00) Snack (3:00)

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name

(First Name) (M.I.) (Last Name)

Relationship to Child Address\_

City

State Zip Code

Email Address:

Home Phone #( ) -

Cell Phone #( ) -

Employer Work Phone #( ) - Ext.

Address\_ City

Parent/Guardian Name

Work Hours

(First Name) (M.I.) (Last Name)

Relationship to Child Address\_

City

State

Zip Code

Email Address:

Home Phone #( ) - Cell Phone #( ) - Employer Work Phone #( ) Ext.

Address\_ City

Parents Marital Status (circle one) Married Divorced Single

Work Hours



Child’s Primary Residence (circle all that apply) Both Mother Father

If divorced, who has legal custody? (circle all that apply) Joint Mother Father

**REFERRAL INFORMATION**

**Were you referred to Early Explorers?** Yes No If Yes, by whom?

**AUTHORIZED TO RELEASE CHILD**

Unless otherwise authorized by you, no one but you or your spouse, may pick up your child from Early Explorers. Please list any others you would like to authorize for this purpose.

**Name City Phone Address Relationship to the child: Name City Phone \_ Address Relationship to the child: Name City Phone Address Relationship to the child: Name City Phone**

**Address Relationship to the child:**

**BILLING INFORMATION**

**Parent/Guardian Name(s):**

**Social Security Number of Parent(s): - - Are you on Childcare Assistance?** Yes No If yes, fill out below.

**- -**

**Case Manager’s Name Phone**

**Parent/Guardian Signature Date**

**Parent/Guardian Signature Date**



**Medical & Emergency Information**

Please fill out completely and legibly.

**CHILD’S INFORMATION**

**Child’s Name**

(First Name) (Middle Name) (Last Name)

**Date of Birth - -**

**Age**

**Sex** M F

**Address City State Zip Code**

**EMERGENCY CONTACT INFORMATION**

***Please list at least two people other than Parent/Guardian(s) that we would be able to contact if we are unable to get a hold of the Parent/Guardian(s) in case of illness or an emergency.***

**Name**

(First Name) (M.I.) (Last Name)

**Relationship to Child City State**

**Home Phone #( ) -**

**Cell Phone #( ) -**

**Name**

(First Name) (M.I.) (Last Name)

**Relationship to Child City State**

**Home Phone #( ) -**

**Cell Phone #( ) -**

**Name**

(First Name) (M.I.) (Last Name)

**Relationship to Child City State**

**Home Phone #( ) -**

**Cell Phone #( ) -**

**MEDICAL INFORMATION**

**Child’s Doctor Clinic/Hospital Clinic Phone # ( ) - *OR* Direct Phone # ( ) - If your child has allergies to anything please list them here.**

Allergies

**If your child has a Medical Condition, we need to be aware of that. Please list here.**

Medical Conditions\_

**If your child takes any medications daily, please list them here.**

Medications

**DENTAL INFORMATION**

**Child’s/Family’s Dentist**

**Office Location Office Phone # ( ) -**

**Emergency Content**

**It is the policy of *Early Explorers Child Care & Preschool* to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.**

**Please sign below so that we can take appropriate action on behalf of your child.**

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD WHEN ILL/ INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF EARLY EXPLORERS WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

**Parent/Guardian Signature Date**

**Parent/Guardian Signature Date**

**Permission Agreement**



I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at Early Explorers.

I hereby grant permission for my child to leave the center premises under supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for Early Explorers to apply parent provided diaper cream to my child.

I hereby grant permission for the Director or acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are limited to:

1) Administer the necessary first aid and or CPR

2) Call 911 and following their recommendations, which may include having a child transported to an emergency hospital.

3) Attempt to contact the parent or guardian

4) Attempt to contact the child’s physician or another physician if the child’s

doctor is not available.

5) Attempt to contact the parent through any of the persons listed on the

“Child Information Card” completed for the center.

I understand that any expenses incurred will be the responsibility of the child’s family.

I understand that Early Explorers will not be responsible for anything that may happen as a result of false information given at the time of enrollment. I have been informed that Early Explorers will not assume responsibility for a child who has not been signed in, nor is Early Explorers responsible for the supervision of children after they are signed out. For kindergarten and school age children, Early Explorers will assume the responsibility of your child without being signed in once Early Explorers has picked up your child from school.

Child’s Name

Signed Date (Father or legal guardian)

Signed Date (Mother or legal guardian)



**Consent to Review Records**

I, , give permission for my child’s records to be reviewed by the center’s administrators, authorized Department of Human Services representatives, and the required health consultant.

Signature of Parent \_ Date

**Typical Weekly Schedule**

MONDAY: to

TUESDAY: to

WEDNESDAY: to

THURSDAY: to

FRIDAY: to

**CHILD’S NAME:**

**PARENT’S SIGNATURE:**

**Sunscreen and Photography Permission Slip**

(initial line)I give Early Explorers permission to apply sunscreen to my child

(initial line)I will provide non-aerosol sunscreen for my child

(initial line)I give Early Explorers permission to photograph children, which may be posted within the center.

Child’s name Age

Signature of Parent \_ Date

**HEALTH CARE SUMMARY**

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

Followed By Other Requires Special

Important Health Problems \_By You Med Source (Name) Attention at Center

Other information helpful to the child care program

Phone

**Signature of Health Source Address**

**Date**

MS-2083

MUST BE COMPLETED BY HEALTH CARE SOURCE

**CONTRACT FOR SERVICES**

The purpose of this agreement is to make both parties aware that they are entering

a legal contract for child care services. You will be given a two week notice of any proposed changes. This contract is being entered into on \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

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

Name of parent/guardian Name of parent/guardian

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

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

Home Address Home Address (If Different)

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

Home phone / cell phone Home phone / cell phone

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

Place of Employment Place of Employment

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

Work number Work number

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

Full name of child Full name of child

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

Full name of child Full name of child

**CHILD CARE HOURS**

Child care services for my child/children will begin on \_\_\_\_\_\_\_\_\_\_, 20\_\_\_. The hours and days my child/children will require care is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_am \_\_\_\_\_\_\_\_pm

Name of child Days of care Care begins at Care ends at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_am \_\_\_\_\_\_\_\_pm

Name of child Days of care Care begins at Care ends at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_am \_\_\_\_\_\_\_pm

Name of child Days of care Care begins at Care ends at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_am \_\_\_\_\_\_\_\_pm

Name of child Days of care Care begins at Care ends at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_am \_\_\_\_\_\_\_\_pm

Name of child Days of care Care begins at Care ends at

**CONTRACT AGREEMENT**

I/We have read this agreement (pages 1-15) including the policies for Early Explorers Child Care & Preschool, and agree to the terms and conditions as described within. By signing below, the person(s) agree that they are responsible party for any expensed incurred for the care of the child/children named in this contract.

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

Parent/Guardian Signature Date

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

Parent/Guardian Signature Date

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

Early Explorers Director Date

**PAYMENT AUTHORIZATION FORM**

We process all invoices through Tuition Express automatic deduction, please complete the form below. Your authorization is good for 1 year. Invoices will be deducted from your account every other Monday. Please submit invoice questions by the Friday prior to your invoice due date.

-------------------------------------------------------------------

I hereby authorize Early Explorers Child Care & Preschool to charge my checking/savings account bi-weekly for child care/activity services. I understand that my invoice will be charged to my checking/savings account on the date the invoice is due.

Name on Checking Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Account Holder Signature Date

**INJURY NOTIFICATION FORM**

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

**Level 1: Minor** I would like to be notified if my child exhibits any of the following: **Yes \_\_\_\_ No \_\_\_\_ @Pick up\_\_\_ Right Away\_\_\_\_**

**Bump/ Scrape**

No bruising, only minor TLC needed for comfort, Surface Skin Scrape

**Minor diaper rash appeared**

**Complaining of pain (NO fever present)**

**Not feeling well (headache, tummy, other pain, etc.)**

**Meals (not eating like usual)**

**Mild fever**

99 Degrees or below

**Bitten by another child**

NO noticeable mark, NO bruising, NO ice required

**Limping**

No known reason

**Level 2: Moderate** I would like to be notified if my child exhibits any of the following: **Yes \_\_\_\_ No \_\_\_\_ @Pick up\_\_\_ Right Away\_\_\_\_**

**Bump/Scrape**

With bruising, requires ice, Skin cut, chapped, scratched or cracked with minor bleeding

\* These may require basic First Aid, but no medical attention

**Diaper rash**

Very sensitive to child at diaper changing time

**Not feeling well**

Wants to sleep more than usual, NOT running a fever, NO energy to participate in daily activities,

Moderate fever (NOT above 100 Degrees)

**Bitten by another child**

Noticeable marks, some bruising, Ice required

**Suspected condition (non-contagious)**

Ear infection, Sinus infection, Skin infection of any kind

**Foreign object**

Able to remove (in eye, ear or nose)

**Level 3: Severe** I would like to be notified if my child exhibits any of the following: **Yes \_\_\_\_ No \_\_\_\_ @Pick up\_\_\_ Right Away\_\_\_\_**

**Serious injuries**

Require ice, swelling at injury site, Major bruising

\*\* May require medical attention

**\*\*Please Note\*\*** We are required by the state of Minnesota to inform you if your child is experiencing any of the following:

Fever of 100.0 Degrees or higher

3 or more significant diarrhea diapers

Head injury

Unexplainable rash

Seizure

Or any other possibly life threatening accident

**By signing below, you agree that you would like to be contacted at each injury level you circled ‘yes’ to.**

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

**HEALTH RECORDS**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disease History: Date: Operations: Date:**

Whooping Cough Tonsillectomy

Rubella Adenoidectomy

Chicken Pox Appendectomy

Mumps Mastoidectomy

Measles Tubes in Ears

Other Other

Any existing illness? Yes\_\_\_ No\_\_\_If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any previous illness or injuries? Yes\_\_\_ No\_\_\_ If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any hospitalization during the past 12 months? Yes\_\_\_ No\_\_\_ If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medication that is long term continuous use? Yes\_\_\_ No\_\_\_ If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any restrictions on normal physical activities? Yes\_\_\_ No\_\_\_ If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any chronic medical condition necessitating dietary supplements or restrictions, medications, or avoidance of allergies? Yes\_\_\_ No\_\_\_ If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any known allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a history of any of the following?

Vision Impairment Yes \_\_\_\_\_ No \_\_\_\_\_

Hearing Impairment Yes \_\_\_\_\_ No \_\_\_\_\_

Eye Infection Yes \_\_\_\_\_ No \_\_\_\_\_

Ear Infection Yes \_\_\_\_\_ No \_\_\_\_\_

Speech Problems Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that my child is enrolled in a regular medical program and has been examined by a doctor within the last 12 months.

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

Signature of Parent or Guardian Date

**WHAT TO BRING FOR YOUR INFANT**

Information on child’s daily routine:

Napping

At what times does he/she nap? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long does he/she sleep? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to get them down for a nap? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Feedings

How many OZ does he/she eat at a time?

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

How often does he/she eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is he/she on solid foods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any foods we should avoid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Items to Bring:

* Halo Sleep Swaddler
* Formula / Breast milk – Labeled with first and last name and date expressed
* Rice or Oatmeal Cereal
* Baby Food / Baby Snacks
* Bottles - Labeled - 4-6 Bottles (Inch Bug Labels please @ www.inchbug.com)
* Diapers
* Diaper Crème or Ointment - Labeled
* 3 changes of clothes (including socks)
* Pacifier to leave at daycare – labeled
* Non Aerosol Sunscreen – labeled
* Bug spray – labeled
* Appropriate attire and shoes/boots for outdoor play
* Sun hat

**WHAT TO BRING FOR YOUR TODDLER**

Information on your child’s daily routine:

Napping

How long does he/she sleep? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals

Favorite foods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any foods we should avoid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Items to Bring:

* Blanket for napping (1)
* Diapers
* Diaper Cream or Ointment - Labeled
* 3 changes of clothes (including socks)
* Paint Shirt
* Non Aerosol Sunscreen - labeled
* Bug spray - labeled
* Appropriate attire and shoes/boots for outdoor play.
* Sun hat – labeled

**EMAIL NOTIFICATIONS**

Dear Parents:

If you would like to be a part of our email list, please list your email(s) below.

Name:

Email:

Email:

Please indicate what you would like to receive via email.

\_\_\_\_\_\_ Annual account activity statement

\_\_\_\_\_\_ Newsletters, parent letters, and updates

Please return this form to the office so we may process your request.

Thank You,

Early Explorers Child Care & Preschool

2935 13th Street South

Moorhead, MN 56560

[earlyexplorersmoorhead@gmail.com](mailto:earlyexplorersmoorhead@gmail.com)



*Reservation Fee Agreement*

A reservation fee equal to 2 weeks of care must be paid to reserve a child care opening for your child. This fee will then be used to pay for the first 2 weeks of child care. I understand that this reservation fee is non-refundable.

*Registration Fee*

A one-time registration fee of $50.00/child will be due at the time of enrollment. I understand that this fee is non-refundable.

*Contact Information*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

DOB/Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child/Children’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature Date

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

Director’s Signature Date