

Zumbrota-Mazeppa Public Schools
Bright Beginnings Childcare
Registration Form

For office use only: Enrollment Fee Billed _____ Enrollment Fee Pd w/registration _____
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Today's Date _____ Enrollment Fee Pd Check # _____ Online (Run Card) _____

Child's Name _____ Birth date _____

Home phone _____ Cell Phone/Text _____ Sex: **F** **M**

Home Address _____ City _____ Zip Code _____

Child lives with: _____ Both parents _____ Single Parent: _____ Mother _____ Father
_____ Other: Please specify _____

Other Adults in household _____ Relationship to Child: _____

Mother's Full Name _____ **Father's Full Name** _____

Birthdate _____ Birthdate: _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Mobile Phone _____ Mobile Phone _____

Home Phone _____ Home Phone _____

Email _____ Email _____

Home Address _____ Home Address _____
(If different than child's) (If different than child's)

Siblings Names & Ages _____

Authorized Pick Up

People listed below have my authorization to pick up my child from the program. I will inform the staff each time a special pick up is necessary.

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

Name _____ Relation to child _____ Phone # _____

*Children will only be released from Bright Beginnings when **signed out** by an authorized person, parent or guardian.

Persons **NOT** authorized to take child from the program. (Copies of legal documents **must** be provided to the program coordinator before any staff person can actively prevent non-custodial parents from picking up their child.)

1. _____ 2. _____

Parent/Guardian signature _____ Date _____

Emergency Information

Name of friends or relatives to call in case of illness or emergency if you cannot be reached:

1. _____ Address _____ Phone # _____

2. _____ Address _____ Phone # _____

Physician to be called in an emergency: _____ Phone # _____

Dentist to be called in an emergency: _____ Phone # _____

Insurance company: _____ policy number: _____

I hereby grant permission for childcare staff to take whatever steps may be necessary to obtain emergency medical care 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 a parent through any of the persons listed in the emergency information you completed for us. 4) If we cannot contact you or your child's physician, we will do any or all of the following: a. call another physician or paramedics, b. have the child taken to an emergency hospital in the company of a staff member. 5) Any expenses under 4 above, will be paid by the child's family.

Parent/Guardian Signature: _____ **Date:** _____

Scheduling Information

Start Date Requested _____

Typical Childcare Schedule: (Please circle days attending)

M T W TH F Approx. drop off time _____ Approx. pick up time _____

Typical parent/guardian work schedule:

Please give an example of the typical weekly work schedules for all adults responsible for the child:

Name: _____

(Please circle days)

M T W TH F S S Start time _____ End time _____

Name: _____

(Please circle days)

M T W TH F S S Start time _____ End time _____

BRIGHT BEGINNINGS PERMISSION AND RELEASES

Child's Name _____ Date _____

PUBLICITY PERMISSION

In the event the Bright Beginnings students are included in any newspaper, radio, television publicity, or social media, I give permission for my child to be included in the pictures and the release of their name.

Signature _____

POLICY AGREEMENT

I recognize my responsibility to respect the rules of the Bright Beginnings program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants.

Signature _____

FIELD TRIP PERMISSION

Field trips may be planned from time to time as part of the activities of the Bright Beginnings program. I give my consent for my child to take part in field trips under proper supervision. I understand that I will have prior notification of all field trips out of town. Outings off school grounds that stay in town may not have prior notification. Examples are to the park, pool, library, Dairy Queen.

Signature _____

NON-PRESCRIPTION MEDICATION PERMISSION

I hereby give the Bright Beginnings program permission to apply or administer any of the following which have been checked.

_____ Sunscreen (must be provided in a labeled container by parent)

_____ Insect repellent (must be provided in a labeled container by parent)

_____ Medical supplies: such as band aids, adhesive tape, hydrogen peroxide, antiseptic wipes, etc....

Signature _____

TRANSPORTATION CONSENT

I hereby give the employees of Bright Beginnings childcare permission to transport my child in a school issued vehicle to activities within the city limits of Zumbrota as necessary.

Signature _____

COVID-19

Per MDE, if Cougar Care or Bright Beginnings would end up having a participant or staff who is diagnosed with COVID-19, we would reach out to MDH and our local public health agency for further direction and guidance. At this time, per their recommendation, this may mean closing one or multiple classrooms.

Signature _____

Health and Development Information

Please indicate if your child has any of the following:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Restlessness |
| <input type="checkbox"/> Vision Difficulties | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Speech Difficulties | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever |

Please explain any of the above problems, including all pertinent information that the center may need to know.

Please indicate if your child has had any of the following diseases and the year they occurred:

	Year		Year
Scarlet Fever	_____	Kidney Disease	_____
Polio	_____	Diabetes	_____
Heart Disease	_____	Chicken Pox	_____
Measles	_____	Whooping Cough	_____
Pneumonia	_____	Mumps	_____
COVID- 19	_____		

Social/Emotional Development

Has your child had previous daycare experience? _____

If yes, where and for how long _____

Why are you seeking a different care provider for your child?

How would you describe your child's normal disposition?
(Examples: happy, shy, demanding, energetic, mischievous)

Does your child have any behaviors that we should know about?
(Examples: hitting, biting, screaming, strong temper)

Does your child have any fears? If so how does he/she show them and how do you deal with them?

Who else (other than the adults listed previously) live in your house, including pets?

Toileting

**Note in order to begin childcare with Bright Beginnings your child must be potty trained for over 2 months. They must be able to use the bathroom facilities, wash their hands in the sink, wear underwear, and no pull ups allowed.*

My child has been toilet trained since? _____

What words does your child use when he/she needs to use the toilet? _____

Any patterns or concerns that would be helpful to know.

Eating Habits

How would you describe your child's appetite? (Circle One)

Very Good Average Choosey Poor

Does your child have any food allergies? _____

If yes, what are they? _____

If yes, please fill out allergy form.

Sleeping Patterns

What time does your child usually go to bed? _____

What time does your child usually wake up? _____

Does he/she nap? _____

If so, what time of day and length of time? _____