

**Use of form:** Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

**CHILD INFORMATION**

Name (Last, First, MI)

Birthdate (mm/dd/yyyy)

First Day of Attendance

**PARENT OR GUARDIAN** – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Home Address (Street, City, State, Zip)

Does child reside at this location?  
 Yes  No

Place of Employment and Work Phone No.

b. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Home Address (Street, City, State, Zip)

Does child reside at this location?  
 Yes  No

Place of Employment and Work Phone No.

**AUTHORIZED PERSONS** – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.

b. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.

**EMERGENCY CONTACT** – The person to be notified in an emergency when parents / guardians cannot be reached.

Yes  No This person is authorized to pick up the child.

Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.

**PHYSICIAN OR MEDICAL FACILITY**

Name

Address (Street, City, State, Zip Code)

Telephone Number

**AUTHORIZATIONS**

- Yes  No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes  No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- Yes  No I give permission for my child to participate in  Transported  Walking field trips and other activities during operating hours.
- Yes  No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

**SIGNATURE** – Parent or Guardian

Pets: none at this time

Date Signed

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Your child will not be enrolled until we have received this completed form and a check in the amount indicated above. If you change your mind and decide not to send your child to St. Paul, the tuition may be refunded according to the following schedule: Before July 1: full refund; July 1 - July 31: half refund; August 1 and later: no refund. There are absolutely no exceptions to this policy. Remember: registration is taken on a first-come-first-served basis and you are paying for the last month's tuition.

(A class size minimum needs to be met for all options of preschool.)

8:30am to 11:30 p.m. - 2 days per week: See Mrs. Meissner  
8:30am to 11:30 p.m. - 3 days per week: M T W Th F Pay \$213 (\$35 reg. & \$178 tuft)  
8:30am to 11:30 p.m. - 4 days per week: M T W Th F Pay \$272 (\$35 reg. & \$237 tuft)  
8:30am to 11:30 p.m. - 5 days per week: Pay \$331 (\$35 reg. & \$296 tuft)

Circle your preference of days:

**4R** (Four by Sept 1) (Tuition is for nine months)

Add Fri. 9:30am - 11:30am to any of above (optional Friday class will open if there is enough interest - pay tuition for Friday session later - \$47 per month)

Mon. & Wed. 8:15 am-10:15am  
Mon. & Wed. 10:30 am-12:30pm  
Tues. & Thurs. 8:15 am-10:15am  
Tues. & Thurs. 10:30 am-12:30pm  
Add Fri. 9:30am - 11:30am to any of above (optional Friday class will open if there is enough interest - pay tuition for Friday session later - \$47 per month)

**3R**

Three by Sept. 1 & must have independent bathroom habits) Pay \$129 (\$35 reg. & \$94) per month for 9 months)  
Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices. A minimum class size needs to be met in order to open the class. Amounts listed are tuition for one month and a non-refundable registration fee. When you register, you are paying for the last month (May).  
(There is a family discount for the 2<sup>nd</sup> and 3<sup>rd</sup> child. There is also a discount if the entire year is paid by Sept. 15<sup>th</sup>. Only one discount may apply.)

### SESSION PREFERENCE

The following information is needed by Little Learners to complete a survey for the Wisconsin Evangelical Lutheran Synod (W.E.L.S.):

|   |               |    |
|---|---------------|----|
| Has your child been baptized?   | Yes           | No |
| Does your child belong to St. Paul's congregation?                          | Yes           | No |
| Does your child belong to another W.E.L.S. Church?                          | Yes           | No |
| Does your child belong to Trinity E.L.S. (Pleasant Valley)?                 | Yes           | No |
| Does your child belong to a different Christian Church?                     | Yes           | No |
| Home Congregation:  | Pastor: _____ |    |
| How did you find out about the Preschool? (ad. friend, banner, prev. child) |               |    |

Name \_\_\_\_\_  
Age \_\_\_\_\_  
DOB \_\_\_\_\_  
School Attending (if applicable) \_\_\_\_\_

Name your child will use in school if different from name listed on the front:

**HEALTH HISTORY AND EMERGENCY CARE PLAN**

**Use of form:** This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

**CHILD INFORMATION**

Name (Last, First, MI) Birthdate (mm/dd/yyyy) First Day of Attendance (mm/dd/yyyy)

Home Address (Street, City, State, Zip Code)

**PARENT / GUARDIAN INFORMATION** Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

| Name | Primary Telephone Number | Work Telephone Number | Secondary Telephone Number |
|------|--------------------------|-----------------------|----------------------------|
| Name | Primary Telephone Number | Work Telephone Number | Secondary Telephone Number |

**PHYSICIAN / MEDICAL FACILITY INFORMATION**

| Physician Name | Medical Facility Address | Telephone Number |
|----------------|--------------------------|------------------|
| Physician Name | Medical Facility Address | Telephone Number |

**SUNSCREEN / INSECT REPELLENT AUTHORIZATION** If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

|  |   |            |                     |
|--|---|------------|---------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I authorize the center to apply sunscreen to my child.            | Brand Name | Ingredient Strength |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I authorize the center to allow my child to self-apply sunscreen. | Brand Name | Ingredient Strength |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I authorize the center to apply repellent to my child.            | Brand Name | Ingredient Strength |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I authorize the center to allow my child to self-apply repellent. | Brand Name | Ingredient Strength |

**HEALTH HISTORY AND EMERGENCY CARE PLAN** If available, attach any health care plan information from the child's physician, therapist, etc.

- Check any special medical condition that your child may have.
  - No specific medical condition
  - Asthma
  - Cerebral palsy / motor disorder
  - Other condition(s) requiring special care – Specify.
  - Diabetes
  - Epilepsy / seizure disorder
  - Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
  - Gastrointestinal or feeding concerns, including special diet and supplements
  - Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
  - Food allergies – Specify food(s).
  - Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

**SIGNATURE** – Parent or Guardian

Date Signed (m/dd/yyyy)

**Review dates:**