

St. Paul Little Learners - 2024 to 2025

CHILD CARE ENROLLMENT

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. Pets: fish in Rainbow classroom

SIGNATURE – Parent or Guardian

Date Signed

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

Please list any siblings:

Name	Age	DOB	School Attending (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Little Learners? (ad, friend, banner, prev. child) _____

PRESCHOOL SESSION PREFERENCE

Please indicate 1st and 2nd 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, 2025).

3K (Three by Sept. 1 & **must** have independent bathroom habits) **Pay \$150.28** (\$40 reg. & \$110.28 per month for 9 months)

_____ Mon. & Wed. 8:15 am-10:15 am

_____ Mon. & Wed. 10:30 am-12:30 pm

_____ Tues. & Thurs. 8:15 am-10:15 am

_____ Tues. & Thurs. 10:30 am-12:30 pm

_____ 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 - \$53.79 per month)

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

Circle your preference of days:

_____ 8:30am to 11:30 p.m.– 2 days per week: See Administrator

_____ 8:30am to 11:30 p.m.– 3 days per week: M T W Th F - **Pay \$248.81** (\$40 reg.& \$208.81 tuit)

_____ 8:30am to 11:30 p.m.– 4 days per week: M T W Th F - **Pay \$319.18** (\$40 reg.& \$279.18 tuit)

_____ 8:30am to 11:30 p.m. – 5 days per week - **Pay \$387.24** (\$40 reg. & \$347.24 tuit)

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

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 May 1st: full refund; May 1st-May 31st: half refund; June 1st 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.

Signature _____ Date _____ Phone _____

Family e-mail _____

Health History and Emergency Care Plan

Use of form: This form is voluntary and meets the requirements in 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 may 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
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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.		
<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.		

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
 - Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
 - Asthma
 - Cerebral palsy / motor disorder
 - Diabetes
 - Epilepsy / seizure disorder
 - Gastrointestinal or feeding concerns, including special diet and supplements

Other condition(s) requiring special care – Specify.

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 (mm/dd/yyyy)

Review dates: _____