

MEADOW PARK PRESCHOOL AND CHILD CARE CENTER

Registration Form

Executive Director: Karin J. Swenson

971 16th St SE

Rochester, MN 55904

Telephone Number (507) 289-6483

Hours: 6:30 AM-5:30 PM

Monday – Friday

Meadow Park Preschool and Child Care Center is a non-profit corporation located in Church of the Savior and was organized in 1969 to:

- 1) Provide a service to families in the community in need of child care and/or preschool experiences.
- 2) Provide a stimulating learning experience and loving atmosphere for children in need of child care and/or preschool experience.

**Please complete this form and return it with the application fee of \$50.00.
These fees are non-refundable and the child is not considered registered until
the application fee is paid.**

FAMILY:

Child's Full Name: _____
(First) (Middle) (Last)

Name you wish for your child to be called: _____

Date of Birth: ____/____/____ Sex: Male ____ Female ____
(Month) (Day) (Year)

CHILD CARE SCHEDULE:

Days: Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Hours: _____

Who will bring your child? _____ Relation to child: _____

Who will pick up your child? _____ Relation to child: _____

Name of Parent/Guardian #1: _____
(First) (Last)

Home Phone: _____

E-mail Address: _____

Cell Phone: _____

Home Address: _____
(House/Apt. Number) (Street) (City) (Zip Code)

Occupation: _____

Place of Employment: _____

Work Hours: _____ Work Phone: _____

Work Address: _____
(Building Name & Number) (Street) (City) (Zip Code)

Name of Parent/Guardian #2

(First)

(Last)

Home Phone: _____

E-mail Address: _____

Cell Phone: _____

Home Address: _____
(House/Apt. Number) (Street) (City) (Zip Code)

Occupation: _____

Place of Employment: _____

Work Hours: _____ Work Phone: _____

Work Address: _____
(Building Name & Number) (Street) (City) (Zip Code)

Child lives with Mother: ____ Father: ____ Both: ____ Other (explain): _____

Are there other children in your family? _____ Please list names and ages below.

	First	Last	Age	Sex	Date of Birth	Relationship to child	Grade/School Attending
Name:	_____	_____	_____	_____	_____	_____	_____
Name:	_____	_____	_____	_____	_____	_____	_____
Name:	_____	_____	_____	_____	_____	_____	_____
Name:	_____	_____	_____	_____	_____	_____	_____

Is a baby expected? Yes ____ No ____ If so, when? _____

List other adults 18 years and older in the household:

	First	Last	Relationship to child
Name:	_____	_____	_____
Name:	_____	_____	_____
Name:	_____	_____	_____
Name:	_____	_____	_____
Name:	_____	_____	_____

Please list the names, addresses and phone numbers of two LOCAL people who can assume temporary responsibility for your child, if you cannot be reached (i.e. a local neighbor, friend, or relative). By listing these individuals who can assume temporary responsibility, you are also giving these person(s) authorization to pick up your child.

1. Name: _____ Home Phone: _____
(First) (Last)
Home Address: _____
(House/Apt. Number) (Street) (City) (Zip Code)
Work Address: _____
(Building Name & Number) (Street) (City) (Zip Code)
Work Phone: _____ Cell Phone: _____ Relationship to the child: _____

2. Name: _____ Home Phone: _____
(First) (Last)
Home Address: _____
(House/Apt. Number) (Street) (City) (Zip Code)
Work Address: _____
(Building Name & Number) (Street) (City) (Zip Code)
Work Phone: _____ Cell Phone: _____ Relationship to the child: _____

Additional Person(s) Authorized to Pick Up Your Child: Name:

3. Name: _____ Home Phone: _____
(First) (Last)
Home Address: _____
(House/Apt. Number) (Street) (City) (Zip Code)
Work Address: _____
(Building Name & Number) (Street) (City) (Zip Code)
Work Phone: _____ Cell Phone: _____ Relationship to the child: _____

4. Name: _____ Home Phone: _____
(First) (Last)
Home Address: _____
(House/Apt. Number) (Street) (City) (Zip Code)
Work Address: _____
(Building Name & Number) (Street) (City) (Zip Code)
Work Phone: _____ Cell Phone: _____ Relationship to the child: _____

Please contact the office or your child's teacher if someone else will pick up your child.

Person(s) NOT Authorized to pick up your child:

1. Name: _____ Relationship to child: _____
(First) (Last)
2. Name: _____ Relationship to child: _____
(First) (Last)

Comments:

HEALTH INFORMATION:

Does your child have any serious allergies or medical conditions? Yes____ No____

Specify:_____

Has your child had any dietary concerns that we should know about? Yes____ No____

Specify:_____

Has your child had a complete physical exam in the last year? Yes____ No____ If yes, date of exam:_____

Has your child had a dental exam in the last year? Yes____ No____ If yes, date of exam:_____

Has your child completed the Early Childhood Screening for the school district? Yes____ No____

If yes, when was it completed?_____ Where was it completed?_____

Are there any community workers or Early Childhood Public School Specialists assisting your family that you would like us to know about? _____

Do you have any special concerns about your child's health? Yes____ No____

If yes, what are your concerns or your child's special needs?_____

Is your child toilet trained? Day: Yes____ No____ Night: Yes____ No____

SOCIAL DEVELOPMENT

How many addresses has your preschool child lived at since birth?_____

Describe any previous group experience (child care, preschool, etc.) your child has had:

Does your child have neighborhood playmates his/her own age? Yes____ No____ How many?_____

Does your child take a nap? Yes____ No____ If so how long does your child usually nap? _____

How do you discipline your child? _____

What do you expect our center to do for your child? _____

This center's preferred methods of guidance and discipline are of a positive nature and include: redirection, modeling, prompting, intervention, and the teaching and encouraging of problem-solving. Persistent unacceptable behavior may result in separation from the group for a short time within the confines of the classroom and under the direct supervision of a staff member. Does this meet with your approval?

(Parent/Guardian Signature)

(Date)

EMERGENCY PROCEDURE

In the event of a medical emergency, **911** will be called and the child will be taken to the appropriate medical center. We will make every effort to contact the parents immediately. If the parents cannot be reached, we will contact the physician or dentist and/or clinic specified.

Child's Doctor Name: _____ Clinic Name: _____

Clinic Address: _____ Telephone: _____
(Building Name & Number) (Street) (City) (Zip Code)

Child's Dentist Name: _____ Clinic Name: _____

Clinic Address: _____ Telephone: _____
(Building Name & Number) (Street) (City) (Zip Code)

If your child does not currently have a dentist, where would you prefer your child be seen for emergency dental care?

Olmsted Medical Center Hospital Emergency Room: Yes____ No____

(Parent/Guardian Signature) (Date)

Saint Mary's Hospital Emergency Room: Yes____ No____

(Parent/Guardian Signature) (Date)

Name of Health Insurance_____ Name of Dental Insurance_____

WAIVER OF LIABILITY

I, _____ (Parent/Guardian) of _____, Age____, do hereby give my permission and/or consent to the personnel of **MEADOW PARK PRESCHOOL AND CHILD CARE CENTER, 971 16th St SE, Rochester, MN** to secure and authorize such emergency medical care and/or treatment as my child might require while under the supervision of said child care personnel. I also agree to pay all the costs and fees contingent on any emergency care and/or treatment for my child as authorized under this consent.

(Parent/Guardian Signature) (Date)

If the child becomes ill at the center, and it is not an emergency, the child will be taken to a quiet area and made as comfortable as possible. The parents will be contacted. **In what order should you be contacted?**

1. Name: _____ Home Phone: _____
(First) (Last)

Home Address: _____
(House/Apt. Number) (Street) (City) (Zip Code)

Work Address: _____
(Building Name & Number) (Street) (City) (Zip Code)

Work Phone: _____ Cell Phone: _____ Relationship to the child: _____

2. Name: _____ Home Phone: _____
(First) (Last)

Home Address: _____
(House/Apt. Number) (Street) (City) (Zip Code)

Work Address: _____
(Building Name & Number) (Street) (City) (Zip Code)

Work Phone: _____ Cell Phone: _____ Relationship to the child: _____

PERMISSION

Nature walks to nearby areas are considered an integral part of our educational program. Walks may also be taken when the playground conditions are poor. I give my child permission to participate.

(Parent/Guardian Signature)

(Date)

I give my permission to MPPCCC to discuss and/or release my child's medical information with MPPCCC's Health Consultant, the Commissioner of Health, a Public Health Nurse, or the State/Local Health Department.

(Parent/Guardian Signature)

(Date)

I give my permission to MPPCCC to administer externally pre-moistened "Pampers-Sensitive" brand baby wipes provided by the center to use if needed when changing a child's soiled underwear/pull-ups and/or clothing.

(Parent/Guardian Signature)

(Date)

I give permission for my child to be photographed/or videoed for external use on Facebook and for internal use in the classrooms.

(Parent/Guardian Signature)

(Date)

I give my permission to MPPCCC to allow the MN State Licenser to view my child's records located at the center.

(Parent/Guardian Signature)

(Date)

I have received a copy of the **Reporting Policy For Programs Providing Services to Children** dealing with the reporting of suspected abuse and neglect of children.

(Parent/Guardian Signature)

(Date)

I have received a copy of Meadow Park Preschool and Child Care Center's Parent Handbook. I have read and agree to follow the policies and information contained in this handbook. I agree to keep this handbook as a reference of the Meadow Park Preschool and Child Care Center's policies and procedures (or to ask the MPPCCC office for a new one, if lost)

(Parent/Guardian Signature)

(Date)

AGREEMENT

In this agreement, the **Meadow Park Preschool and Child Care Center** has set forth the conditions which will meet and which we expect the parents of all our children to meet. The conditions have been carefully planned to ensure adequate protection for your child. When you sign this agreement and place your child in our care, you can expect that we will adhere to the State of Minnesota Department of Human Services Licensing requirements and local requirements regarding the operation of the center, fire and safety precautions, health and sanitation requirement. We will do our best to provide your child with a balanced program of care and developmental activities to best meet his/her needs. **We welcome your comments and suggestions.**

A **\$50** registration fee is assessed at the time of **registration** and again every year thereafter when the **Letter of Intent** is signed to ensure future placement at the center.

A **two week** written notice is required when a child is to be withdrawn from the center and the fees paid up through this date.

We have taken part in the required enrollment interview and received all necessary information. We understand that this center reserves the right to discontinue care if the child does not adjust to the program. We have read the materials, and accept the conditions outlined therein for:

Child's Name: _____ Age _____
(First) (Middle) (Last)

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

(Executive Director Signature)

(Date)

Dear MPPCCC Parents,

We value the cultural diversity of our many MPPCCC families. We would like to encourage you to help us enrich the activities and experiences we plan for the children in our classrooms. Together, we can help our children to view their similarities and differences in positive ways and experience a community of diverse learners working together. Please complete the survey below and return it as soon as possible.

Parent name: _____ Parent signature: _____ Date: _____

Your child's name: _____ Staff signature and title: _____ / _____ Date: _____

Please describe the following (if more space is needed please complete on a separate page):

Customs that are important to your family:

_____.

Special foods your family eats:

_____.

Cooking or eating utensils unique to your culture:

_____.

Traditional plants or trees:

_____.

Special or traditional clothing that you wear:

_____.

Words or cultural terms your family uses: _____

Principle country(ies) of heritage:

Please list Festivals/holidays that your family celebrates:

Would you be willing to help us learn more about your family's heritage? Please check all that apply.

_____ chatting with the teacher informally about family customs/celebrations.

_____ Sharing children's stories, music, or other cultural items with the class.

_____ visiting the classroom to assist teacher in helping the children to learn more about your culture.

With your participation, it is our goal to help our students to develop a greater awareness and appreciation of our MPPCCC community and ultimately our global community.

Thank you for your help! 😊

Stay connected with us...

Don't forget to check out our website... 😊

www.mppccc.org



Remember to “Like”

Meadow Park Preschool and Child Care Center on Facebook

As some of you may have seen, we are trying to use a few different ways to communicate with you to reinforce our partnership as we strive to work together for your child. **Facebook** has been a fun way of sharing.

Now..... **Each one of the teaching staff has their own email address.** Your child's teacher will use this email to send out classroom information and to send out notes. Here are their emails:

Woodland (Red) Room – smerkel@mppccc.org

Meadow (Blue) Room – dclopton@mppccc.org

Wetlands (Yellow) Room – lengstler@mppccc.org

Please share your latest email address with us so we can keep you in our communication loop!

Your Child's Name _____

(Name)

(Email Address)

(Name)

(Email Address)

(Name)

(Email Address)

(Name)

(Email Address)

(Name)

(Email Address)

(Name)

(Email Address)

Meadow Park Preschool and Child Care Center

Preschool Family Questionnaire

The following question will help us understand your child's strengths, interests, talents and how to best work with them. Please answer each question, adding any helpful information when possible.

Child's name _____ Birthdate _____ Date _____

1. My child's favorite color is _____.
2. My child's favorite tv/movie character is _____.
3. Does your child ever pretend to be something other than a child? _____ My child likes to pretend to be _____.
4. My child likes to: (Check all that apply the best)

_____ Sing	_____ Write	_____ Read	_____ Draw
_____ Build	_____ Talk	_____ Dance	_____ Do Puzzles

5. My child is: (check all that apply)

_____ Quiet	_____ Calm	_____ Busy	_____ Curious
_____ Shy	_____ Talkative	_____ Creative	_____ Artistic
_____ Energetic	_____ Funny	_____ Outgoing	_____ Serious
_____ Independent			

6. Something funny that most people don't know about my child

7. My child's strengths are:

8. My child is read to _____ minutes/ _____ (day/week)

9. My favorite memory of my child is when

10. What goals do you have for your child as they enter our school?

11. Is there something that you would like us to know about your child that we didn't ask?

Thank you! We love your input! ☺

Parent Signature _____