



2018-2019 ENROLLMENT FORM

Name of Child _____ Birth Date ____ / ____ / ____

Nickname (name your child would like to be called at preschool) _____

Address _____ City _____ Zip _____

Email _____ (best email to reach parents)

Mother's Name _____ Phone _____

Address _____ City _____ Zip _____

During the day Mother can be reached _____

Employer _____ Phone _____

Father's Name _____ Phone _____

During the day Father can be reached _____

Employer _____ Phone _____

Permission to share phone number and address with other classmates ONLY Y N

Permission to use child's photo in brochures, flyers, video, website, etc. Y N

Does your child have any special needs: (i.e. food allergies, medical or special placement considerations?)

Parent Signature _____ Date _____



2018-2019 EMERGENCY CARD

Name of Child _____ Birth Date ____ / ____ / ____

Address _____ City _____ Zip _____

Mother's Name _____ Home # _____

Work # _____ Cell # _____

Father's Name _____ Home # _____

Work # _____ Cell # _____

EMERGENCY ALTERNATIVES: Adults who are authorized to pickup child from preschool other than parents

Name _____ Phone # _____

Address _____ City _____ Zip _____

Name _____ Phone # _____

Address _____ City _____ Zip _____

Physician _____ Address _____ Phone _____

Hospital Preference _____ Phone _____

Dentist _____ Address _____ Phone _____

Significant Medical Info _____

Person **NOT AUTHORIZED** to pickup child from preschool _____

Ok to administer bug spray if needed Y N **Ok to administer sunscreen if needed Y N**

I give my permission to Family of Christ Lutheran Preschool staff to make whatever emergency (e.g. first aide, evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the Preschool. In case of medical emergency, I understand that my child will be transported to the appropriate medical facility/local emergency unit for treatment, if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at the expense of _____

(Parent or parent insurance company and policy number.)

Parent Signature _____ Date _____

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

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

Important Health Problems

Followed
By You

Followed By Other
Med Source (Name)

Requires Special
Attention at Center

Other information helpful to the child care program _____

Phone _____

Signature of Health Source _____

Address _____

Date _____

Child Care Immunization Form

Must be on file before a child attends child care

Name _____ Birthdate _____

Date of Enrollment _____

Minnesota law requires children enrolled in child care to be immunized against certain diseases or file a legal medical or conscientious exemption.

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

Type of Vaccine	DO NOT USE (✓) or (✗)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP) • 3 doses during 1st year (at 2-month intervals) • 4 th dose at 12-18 months • 5 th dose at 4-6 years <i>Indicate vaccine type: DTaP or DTP</i>						5th dose not required if 4th dose was given on or after the 4th birthday
Polio (IPV, OPV) • 2 doses in the first year • 3 rd dose by 18 months • 4 th dose at 4-6 years					4th dose not required if 3rd dose was given on or after the 4th birthday	
Measles, Mumps, and Rubella (MMR) • Required for children 15 months and older • 1 st dose on or after 1 st birthday • 2 nd dose at 4-6 years						
Haemophilus influenzae type b (Hib) • 2-3 doses in the first year • 1 dose required after 12 months or older • For unvaccinated children 15-59 months, 1 dose is required • Not required for children 5 years or older						
Varicella (chickenpox) • Required for children 15 months and older • 1 st dose on or after 1 st birthday • 2 nd dose at 4-6 years						
Pneumococcal Conjugate Vaccine (PCV) • Required for children age 2 - 24 months • 3 doses in the first year • 4 th dose after 12 months • At least 1 dose is recommended for children 24-59 months in child care						
Hepatitis B (hep B) • 2-3 doses in the first year • 3 rd dose (final dose) by 18 months						
Hepatitis A (hep A) • 2 doses separated by 6 months for children 12 months and older						
Recommended						
Rotavirus (2-3 doses between 2 and 6 months)						
Influenza (annually for children 6 months or older)						

Name _____

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

1. Certify Immunization Status. Complete A or B to indicate child's immunization status.

A. Children who are 15 months or older:

For children who are 15 months or older and who have received all the immunizations required by law for child care:

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

Signature of Parent / Guardian OR Physician /
Nurse Practitioner / Physician Assistant / Public
Clinic

_____ Date

B. Children who are younger than 15 months:

For children who are younger than 15 months OR have not received all required immunizations:

I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date. The dates on which the remaining doses are to be given are:

Signature of Physician / Nurse Practitioner /
Physician Assistant / Public Clinic

_____ Date

2. Exemptions to Immunization Law. Complete A and/or B to indicate type of exemption.

A. Medical exemption:

No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):

Signature of physician / nurse practitioner / physician
assistant

_____ Date

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)

Signature of physician / nurse practitioner /
physician assistant (If disease occurred before
September 2010, a parent can sign.)

B. Conscientious exemption:

No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

Signature of parent or legal guardian

_____ Date

Subscribed and sworn to before me this:

_____ day of _____ 20____

Signature of notary (A copy of the notarized statement
will be forwarded to the commissioner of health.)