

## BETHESDA ALL STARS

CHECKLIST FOR \_\_\_\_\_  
(Child's First and Last Name)

Parent's Initials	Office Initials	Forms to be completed
		Registration and Deposit Fee (1 child \$30 per year, 2 or more children \$50; \$200 deposit for full time care)
		Registration Form (including photo release)
		Getting to Know Your Child Form (Copy to the classroom teacher)
		Tell us about your Family Form
		Immunization Record- <b>Must be turned in prior to beginning</b>
		Health Care Summary - <b>Must be turned in prior to beginning</b>
		Enrollment Agreement
		CACFP Household Income Statement Form Child Enrollment Form - CACFP (child and adult care food program)
		Emergency Cards (One for each classroom) from Sage program
		Parent Orientation Form (completed with lead teacher)
		Number of Key Fobs needed _____ (\$10 refundable deposit per fob)
		Copy of Child's IEP/IFSP if applicable, Release of Information signed
		Special Diet Statement/Food Allergy Form (if needed)
		One set of extra clothes (socks, underwear, pants, shirt, etc.)
		Child Care Emergency Plan identified at enrollment

Total Amount enclosed with packet: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Staff Signature verifying complete registration packet and payment:

Date: \_\_\_\_\_

\_\_\_\_\_ (Staff signature)

# REGISTRATION FORM

Please fill out completely.



## CHILD'S INFORMATION

Child's Name _____			
(First Name)	(Middle Name)	(Last Name)	
Date of Birth _____	Age _____	Sex :	Male Female
Typical Weekly Schedule: Arrival _____		Departure _____	
Meals attending (circle all that apply) Breakfast (7-8am) Lunch (11-11:30am) Snack (3-3:30pm)			
_____			
Child's Name _____			
(First Name)	(Middle Name)	(Last Name)	
Date of Birth _____	Age _____	Sex :	Male Female
Typical Weekly Schedule: Arrival _____		Departure _____	
Meals attending (circle all that apply) Breakfast (7-8am) Lunch (11-11:30am) Snack (3-3:30pm)			
_____			

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____			
(First Name)	(M.I.)	(Last Name)	
Relationship to the child _____	Email address _____		
Address _____			
City _____	State _____	Zip Code _____	
Home Phone (____) _____	Cell Phone (____) _____		
Employer _____	Work Phone (____) _____	Ext. _____	
Instructions to reach in case of emergency: _____			
Parent/Guardian Name _____			
(First Name)	(M.I.)	(Last Name)	
Relationship to the child _____	Email address _____		
Address _____			
City _____	State _____	Zip Code _____	
Home Phone (____) _____	Cell Phone (____) _____		
Employer _____	Work Phone (____) _____	Ext. _____	
Instructions to reach in case of emergency: _____			

Marital Status: (circle one) Married Divorced Separated Single Widowed Other  
Child's Primary Residence: Both Mother Father  
If divorced, who has legal custody? (Please provide paperwork) Joint Mother Father

**AUTHORIZED TO TAKE CHILD FROM THE CENTER**

Unless otherwise authorized by you in writing, no one other than the parents/guardians listed on the previous page may pick up your child. List anyone you would like to authorize for this purpose.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone # \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Please list at least 2 people whom we would be able to contact in we are unable to get in touch with the parents/guardians in case of illness or emergency.

NAME \_\_\_\_\_ Relationship to child \_\_\_\_\_  
(First Name) (Last Name)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ Relationship to child \_\_\_\_\_  
(First Name) (Last Name)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ Relationship to child \_\_\_\_\_  
(First Name) (Last Name)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

## MEDICAL AND DENTAL INFORMATION

**Child's Doctor** \_\_\_\_\_

Clinic and Hospital Preference \_\_\_\_\_

Clinic Phone # (\_\_\_\_) \_\_\_\_\_ Clinic Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If your child has allergies to anything, please list here: \_\_\_\_\_

If your child has a medical condition we need to be aware of, please list that here:  
\_\_\_\_\_

If your child takes any medications daily, please list: \_\_\_\_\_

**Child's Dentist** \_\_\_\_\_

Dentist Phone # (\_\_\_\_) \_\_\_\_\_ Dentist Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## MEDICAL EMERGENCY AUTHORIZATION

If my child requires immediate medical care and parents/guardians cannot be reached or are delayed, I authorize the child care center to call 911. I agree to pay all costs associated with the ambulance transportation and medical care. I understand that the center's director or the child's teacher will go with my child to receive medical care and stay with my child until I arrive. The child care center will continue to reach the parents/guardians or the emergency contacts.

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(Date)

## PARENTAL PERMISSION

**Please initial the following for which you give your permission:**

- \* Permission to administer sunscreen \_\_\_\_\_ insect repellent \_\_\_\_\_
- \* Permission to release my child's name, address, phone number to other families \_\_\_\_\_
- \* Permission for my child to participate in walking field trips to neighboring parks \_\_\_\_\_
- \* Permission for the child care center to photograph my child and display photos throughout the center and on the Brightwheel site. \_\_\_\_\_
- \* As required by MN law, I give my permission for my child to participate in research or public relation activities while enrolled at the child care center. All activities will be announced prior to them taking place. \_\_\_\_\_
- \* I give my consent for my child's records to be reviewed by the center's administrators, authorized DHS licensing representatives, and our public health consultant \_\_\_\_\_

## Photography/Video Consent Form

As a parent of a child(ren) at the Bethesda All Stars Child Care Center, I agree to the following:

I understand that my child(ren) whose names are listed below may be photographed during normal child care hours, field trips, and activities and their photographs may be posted at the center or shared with other child care families such as: DVD's or the Brightwheel site.

Parent/Guardian Name		Relationship to child	
Child 1 Name			
Child 2 Name			
Child 3 Name			
Address			
City		State	Zip
I give permission for my child(ren) to be photographed, or their images recorded for print or electronic use in the Bethesda All Stars Child Care Center and/or shared with other child care families. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment.			
Parent/Guardian Signature		Date	

**PARENT CONFERENCES**

Date of conference _____	Parent/Guardian who attended _____
Date of conference _____	Parent/Guardian who attended _____
Date of conference _____	Parent/Guardian who attended _____
Date of conference _____	Parent/Guardian who attended _____
Date of conference _____	Parent/Guardian who attended _____
Date of conference _____	Parent/Guardian who attended _____
Date of conference _____	Parent/Guardian who attended _____
Date of conference _____	Parent/Guardian who attended _____

**REFERRAL INFORMATION**

How did you hear about the Bethesda All Stars ?

\_\_\_\_\_

\_\_\_\_\_

**PARENT HANDBOOK ACKNOWLEDGEMENT**

I have read and understand the policies and procedures put in place by the Bethesda All Stars Board of Directors in the Information For Parents Handbook and will follow such guidelines. \_\_\_\_\_ **(INITIALS)**

**PARENT/GUARDIAN SIGNATURES**

Parent/Guardian signature _____	Date _____
Parent/Guardian signature _____	Date _____
Parent/Guardian signature _____	Date _____
Parent/Guardian signature _____	Date _____

For office Use Only:

Date of Enrollment: \_\_\_\_\_

Start Date: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

# Getting to Know Your Child

1. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_
2. Name and age of siblings \_\_\_\_\_
3. What is the best thing about your child? Describe his/her personality:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Is there anything about your child's behavior or development that worries you? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What rules does your family have for behavior at home? What techniques do you use?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. In your opinion is your child more/less/as active as an average child?  
\_\_\_\_\_  
\_\_\_\_\_
7. What are your child's favorite activities, toys, books and/or games?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Does your child prefer playing with a group of kids, just one or two, or alone?  
\_\_\_\_\_  
\_\_\_\_\_
9. Are there any things your child is afraid of? Have they had any really frightening experiences?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Please share your families customs and traditions with us:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Tell us about your family

Family Name: \_\_\_\_\_

Where do you work and what is your position there?

Mom \_\_\_\_\_

Dad \_\_\_\_\_

When is your birthday (month and day)?

Mom \_\_\_\_\_

Dad \_\_\_\_\_

When is your wedding anniversary? \_\_\_\_\_

What kind of social media do you use? (Facebook, twitter, linkdin, texting, etc)

\_\_\_\_\_

What kinds of things would benefit your family if we offered them here?

\_\_\_\_\_

\_\_\_\_\_

Please give us any suggestions to better serve your family:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_