

MAG Childcare

For Office Use Only

Check when completed

____ Immunization Record
____ Health Summary

Spring conference ____ (Date)
Fall conference ____ (Date)

Today's Date _____

Start Date _____

General Information

Child's full name _____
Nickname _____
Home Address _____
City _____ Zip _____

Age _____ Sex _____
Date of Birth _____
Email _____
Home Phone _____

Father's Name _____
Occupation _____ Employer _____
Father's Home Address (if different than child's) _____
City _____ Zip _____

Work Phone _____
Cell Phone _____
Email _____

Mother's Name _____
Occupation _____ Employer _____
Mother's Home Address (if different than child's) _____
City _____ Zip _____

Work Phone _____
Cell Phone _____
Email _____

Sibling(s) _____

Age _____

Who can be reached and where while your child is at childcare?

List names and addresses of all persons authorized to pick up your child from childcare.

Emergency Information

Please list two persons who could be contacted if you (the parent) cannot be reached in an emergency or injury requiring medical attention. The state **requires** us to have **two** contacts listed with all the information. Please fill this section out completely.

Name _____ Phone # _____
Authorized to take child **Yes** ____ **No** ____ Cell # _____
Address _____
(street/city/state/zip)

Name _____ Phone # _____
Authorized to take child **Yes** ____ **No** ____ Cell# _____
Address _____
(street/city/state/zip)

Name of anyone **NOT** authorized to take your child from childcare _____

(Please attach a current photo.)

Medical Information

Please list the source of your child's regular medical care and dental care. If you do not have a doctor or dentist, please indicate on the appropriate line. Please list Dr.'s name, address, and phone number.

Medical _____

Dental _____

Does your child have any medical problems or physical challenges?

Does your child have any physical limitations? _____

Does your child have any food allergies? _____ Drug allergies? _____

Latex allergies? _____ Other allergies? _____

Does your child have any special diet needs? _____

Infant/Toddler Information (Please write on the back page if you need more space.)

Describe your child's eating habits. _____

Describe your child's sleep pattern. _____

Does your child use disposable diapers? _____ What size? _____ How many per day? _____

Does your child communicate using sign language? _____ What signs does s/he use? _____

What words does your child use? _____

Social Development

Is your child right handed or left handed? _____

Has your child had previous group experience? If yes, where? _____

Does your child have playmates? _____

Does your child watch TV? _____ Which programs? _____

Explain what areas or things particularly interest your child (i.e. puzzles, reading, building, creative play, etc.). _____

List any other information that may be helpful in the care of your child. _____

Developmental Skills

Is your child comfortable using pencils, crayons, markers, paints, scissors, paste, or playdough?

Explain how your child does at dressing, undressing, feeding, and toileting him/herself. _____

How well does your child speak? Is speech clear? Does s/he use complete sentences? How does s/he communicate with other children? _____

With adults? _____

List any other information that may be helpful in the care of your child. _____

Emotional Development

How does your child relate to peers? Is s/he shy, confident, friendly, withdrawn, aggressive, outgoing, good-natured, mood etc.? _____

How does your child relate to adults? _____

What behavior do you consider the most difficult to deal with? _____

Describe your child in regard to their personality, behavior, fears, etc. _____

List any other information that may be helpful in the care of your child. _____

Signature Page

I give permission to MAG Childcare staff to make whatever emergency (first-aid, disaster evacuation, etc.) measures are judged necessary for the care and protection of my child while under the supervision of the Childcare.

In case of a medical emergency, I understand that my child will be transported to Fairview Lakes Hospital in Wyoming by the local emergency unit for treatment if deemed necessary by the local emergency resources, i.e. police or rescue squad. The child will be transported at the expense of the parents.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

MAG Childcare has my permission to take pictures, slides, or videos of my child in preschool sessions and use it for promotional publication or on our website. Names will not be used on publicly viewed photos.

Please check one: Yes No

**I choose to contract MAG Childcare for the following days:
M T W Th F for the hours of _____.**

I, _____, as parent or guardian of _____, agree that I am financially responsible for the childcare provided by the staff of MAG Childcare for the contracted days whether my child is present or not. This contract may be terminated with a fifteen (15) day written notice. I understand the following fee schedule is in place at the time of this contract:

	Full Time	Four Days	Three Days	Two Days	Daily
Infant (2 -15 months)	\$205	\$195	\$150	\$110	\$55
Toddler (15 – 33 months)	\$180	\$172	\$135	\$90	\$45
Preschool (34-60 months)	\$165	\$155	\$120	\$75	\$40
School-age (Kindergarten +)	\$135	\$120	\$90	\$60	\$30

Payments are due the first day of the week for which services are being utilized. Fees are considered late and subject to a \$10 late fee if not submitted within 24 hours of service.

MAG Childcare is open from 6:00 AM – 6:00 PM Monday through Friday except for the following holidays: New Year's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Holiday (Thursday and Friday), Christmas Eve and Christmas Day. Parents are not charged for holidays. Upon written notice, families may take a week's vacation without charge provided the days are consecutive.

Any change in schedule requires a minimum 24 hours notice and a Change of Schedule Form. If your child(ren) are not full time or on a fixed schedule, a Schedule Form must be turned in each week.

A "late pickup" fee of \$25.00 per each 15 minutes will be charged for any child not picked up by 6:00 PM. If by 7:00 PM, a late parent has not picked up their child and/or has not communicated with the staff, the Chisago County Child Protection Agency will be notified.

We are not licensed to take sick children; therefore, they will not be admitted to childcare. Please refer to the childcare information booklet for guidelines to assist with wellness assessment. Should a child become sick while in childcare, parents will be notified and asked to come pick up their child.

Signature of Parent or Guardian _____ Date _____