

CHILD APPLICATION

Iron Range Tykes Learning Center
8520 Park Ridge Dr, Mt Iron MN 55768
P: 218-248-6881 F: 218-288-5896

Child's name _____ Childs D.O.B _____

Billing/Home Address: _____

Main Phone: _____ Guardian: _____

Child's hours at center:

Schedules are due to the teacher of each room by Wed @ 3PM the week prior at the latest

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

The package I am choosing is: **(To hold a spot: Inf: 5 dys, Todd & Pres: 4 dys, & School Age: 3 dys)**

___ 5 DAY PKG ___ 4 DAY PKG ___ 3 DAY PKG ___ DROP IN/DAY RATE

(Note: you are not locked in to this package/ will review details at tour appointment)

Schedule notes _____

School Age Transportation Details:

My child will be using transportation by this school: _____ Bus # _____

Suburban Bus Pick Up Time: _____ Drop Off Time: _____

I have informed the school of my child's transportation to/from IRT

Fee: County _____ Private _____

Desired Start Date: _____

-OFFICE USE ONLY-

Tour date: _____ Actual start date: _____ \$50 Registration Paid: _____

Notes: _____

REQUIRED PAGE

Please bring (labeled with first & last name) these items

Are needed before your child/children attend:

(Note: these items will be left at the center)

- Infant:** Formula or breast milk, bottle, pacifier, diapers, wipes, diaper rash cream, 2 sets of *extra clothes, and written or typed daily routine schedule w/ a description of the child's eating, sleeping, toileting, and communication habits, and effective methods for comforting.
- Toddler:** Diapers/pull ups, wipes, diaper rash cream, 1 set of *extra clothes, and nap blanket.
- Preschooler:** Diapers/pull ups, wipes, 1 set of *extra clothes and nap blanket.
- School Ager:** 1 set of *extra clothes.

*Shirt, pants/shorts, underwear and socks in a labeled gallon baggie

- Immunization records** on our form. If parent objects to immunizations, a signed notarized statement of parental objection on the specified MN state form
- Health Care Summary form** must be completed by child's medical
- Any additional optional forms at bottom of application**
 - Special Diet Statement completed by Physician
 - Individual Child Care Program Plan (ICCPP)
 - Consent for swaddling an infant
 - Physician directive for alternative infant sleep position
 - Infant rolling before six months parent statement
- Registration Fee** \$50 per child w/ a maximum of \$100 a family

Parent Checklist Acknowledgement

I understand without this application fully completed, necessary forms, and registration fee, my child will not be enrolled to start care with Iron Range Tykes. All this information is kept on file in each child's room along with documentation of conferences/reports that are conducted twice a year.

Signature _____ Date: _____

INFORMATION FORM FOR (Child's name): _____

Mother's Name _____

Address: _____

Home Phone _____ Cell Phone _____ Email _____

Mother's Work _____ Work Phone _____

Instructions on best way to reach you _____

Father's Name _____

Address: _____

Home Phone _____ Cell Phone _____ Email _____

Father's Work _____ Work Phone _____

Instructions on best way to reach you _____

Siblings: _____

(Please note if they live at home with child. If applicable use reverse side to describe special family dynamics, custody, interactions with step/half siblings, etc.)

Previous group or child care experiences _____

Allergies _____

Specific allergy triggers _____

Avoidance techniques _____

Allergy Symptoms _____

Procedures for allergic reaction _____

Dietary restrictions _____

Daily Medications _____

Other Significant Information _____

Physician: _____ Phone _____

Address _____

Dental Source _____ Phone _____

Address _____

To insure prompt medical attention in case of an emergency, please list:

Insurance Policy Number (s) _____

Medical assistance Number(s) _____

If possible, for emergency treatment, I would prefer my child be taken to: _____

REQUIRED PAGE

Authorized/Emergency Pick Up People

Please list a **minimum of 3** authorized people to pick up your child from the center. These authorized below will be contacted to take responsibility of your child if you cannot be reached or in case of emergency. Some instances are if your child becomes ill or if there is an emergency. Please list people who can be reached during the day and live within 1 hour of the centers location. **Do not list yourself or other legal guardians.**

Name _____ Address _____

Relationship: _____ Phone _____ Work Phone _____

Name _____ Address _____

Relationship: _____ Phone _____ Work Phone _____

Name _____ Address _____

Relationship: _____ Phone _____ Work Phone _____

Name _____ Address _____

Relationship: _____ Phone _____ Work Phone _____

Name _____ Address _____

Relationship: _____ Phone _____ Work Phone _____

Name _____ Address _____

Relationship: _____ Phone _____ Work Phone _____

REQUIRED PAGE

Child's Developmental History:

1. Does your child know any other children at this center? _____
2. Do you feel your child will adjust easily to the center? _____
3. How well does your child get along with other children? _____
4. Left handed _____ Right handed _____ Unknown _____
5. Favorite play activity? _____
6. Favorite toy/toys? _____
7. Does your child have a pet? _____
8. Does your child take a nap? _____ How long? _____
9. Is your child hungry at meal times? _____ Food dislikes? _____
10. Usual characteristic behavior: (circle all that apply) Calm Excited Whiny
Easily angered Cries often Happy Cheerful Stubborn Easily scared Cooperative Quiet
Active Independent Fights often Wants own way Temper tantrums Easy going Clingy
Sad Helpful Shy Friendly
11. What type of behavior do you find most difficult to deal with?

12. Types of home discipline by mother _____
by father _____
13. Fears (history and how child shows fear) _____
14. What frustrates or upsets your child? _____
15. Primary language spoken in the home? _____
16. Does your child have any difficulties speaking? _____
17. Special words child uses to describe his/her needs? _____
18. What word is used for urination? _____ Bowl movements? _____
19. Has child had experience with: Clay____ Scissors____ Blocks____ Coloring____
Easel painting____ Water play _____ Story hour _____
20. Does your child have any needs requiring special attention?

21. Does either parent have any special requests?

22. Does either parent have any skills to offer?

REQUIRED PAGE

Activity Consent

I hereby grant permission for my child:

- to use all the playground and gym equipment.
- to participate in all the activities of the center.
- to be included in evaluations and pictures connected with the centers program
- to be included in approved university educational resources.
- to participate in walking trips, field trips, public activities or other activities sponsored by the center.
- to have sunscreen and/or insect repellent applied, in which I will provide, to their class room teacher when needed and sign a form each year

Parent/Guardian Signature: _____ Date _____

Emergency Consent

I give Iron Range Tykes Learning Center permission to make whatever emergency measures as judged necessary for the care and protection of my child while under supervision.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by local emergency unit for treatment, if the local emergency resource deems it necessary.

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.

In case of emergency involving my child, I authorize Iron Range Tykes Learning Center to use Essentia Health Hospital of Virginia for emergency medical treatment, if I or my own source of medical care listed prior, cannot be reached.

I hereby grant permission for the Directors or acting Director to take whatever steps that may be necessary to obtain emergency medical care for my child if warranted. These steps may include, but are not limited to the following:

- 1. Attempt to contact parent or guardian**
- 2. Attempt to contact child's physician**
- 3. Attempt to contact the parent through any of the persons listed on the emergency medical form.**
- 4. If #1-3 are unsuccessful, A) call another physician, B) call the paramedics, C) have the child taken to the emergency hospital.**

I understand that any expenses incurred under #4 above will be accepted by the child's family.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

REQUIRED PAGE

Enrollment Agreement

_____ I (we) have fully read and understood the Parent Handbook that is located on the Iron Range Tykes Website. I (we) agree to abide by the policies and procedures as stated in the Handbook. I (we) also understand that changes may be made by the Owner to the Parent Handbook regarding policy changes at any time. I (we) understand that I (we) will be notified prior to any changes.

_____ I understand that IRT does not offer absent, vacation, or sick days. Schedules and changes are due by 6pm Fri the week prior. After that, you are charged accordingly.

_____ I understand that IRT has two separate School Age rates based on when my child's school district is in session. When not in session; I am charged full day rates vs school day rates.

_____ I understand that my only access into the center is with my key fob. If I lose or break my key fob a \$50 charge will be due before my child can return.

_____ I understand that if this application, Health Care provider forms, and registration fee are not fully completed or submitted at my tour; I will not be enrolled and a spot will not be held for me.

_____ I understand that the Immunization record is my responsibility to complete. Attaching a copy of current immunizations from the clinic will not be accepted.

Parent/Guardian #1 Signature: _____ Date _____

Parent/Guardian #2 Signature: _____ Date _____

AFTER APPLICATION COMPLETION CALL THE OFFICE AT 218.248.6881 TO SCHEDULE A 45 MINUTE TOUR TO VIEW FACILITY, MEET STAFF, LEARN ABOUT OUR PROGRAM, REVIEW PAPERWORK AND SUBMIT REGISTRATION FEE.

**THE FOLLOWING PAGE MUST BE COMPLETED BY A
HEALTHCARE SOURCE**

**THE VACCINATION FORM CAN BE COMPLETED BY
ANY INDIVIDUAL BUT MUST BE COMPLETED AND
ON FILE FOR ENROLLMENT**

IRON RANGE TYKES HEALTH CARE SUMMARY

Fax # 218-288-5896

**MUST BE COMPLETED BY HEALTH CARE SOURCE
MUST BE ON FILE BEFORE CHILD CAN START CARE**

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 (Medical source) Requires Special Attention at Center

Other information helpful to the child care program _____

Physician Signature: _____ Date _____

Address: _____ Phone: _____

REQUIRED PAGE

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____

Birthdate _____

Immunizations required for child care, early childhood programs, and school.

| Vaccine | Birth to 6 months | 12-24 months | At Kindergarten | At 7th grade | At 12th grade |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| Hepatitis B | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Diphtheria, Tetanus, Pertussis (DTaP, DT, Td) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Haemophilus influenzae type b (Hib) | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Pneumococcal (PCV) | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Polio | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Measles, Mumps, Rubella (MMR) | | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Chickenpox (varicella) | | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Hepatitis A | | <input type="text"/> | <input type="text"/> | | |
| Tetanus, Diphtheria, Pertussis (Tdap) | | | | <input type="text"/> | |
| Meningococcal (MCV) | | | | <input type="text"/> | <input type="text"/> |

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

1. Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
2. IF you have a verified history of chickenpox or medical and/or non-medical exemption please inform Director for an additional form

Daily Infant Intake Form

Name: _____ **Birthdate:** _____

_____ Breast milk Formula Both

How many ounces: _____ How often: _____

Directions for using both: _____

My baby can have -- Start Date:

Iron fortified infant cereal Oatmeal Cereal Rice Cereal Multigrain Cereal

Baby Food- Fruit -- Start Date:

_____ Apples _____ Bananas _____ Prunes _____ Pineapple

_____ Pears _____ Peaches _____ Mixed Berry _____ Blueberry

_____ Strawberry Other: _____

Baby Food- Vegetables -- Start Date:

_____ Peas _____ Carrots _____ Squash _____ Green Beans

_____ Mixed Vegetable _____ Garden Vegetable _____ Sweet Potato Other: _____

My baby is on table foods -- Start Date: _____ Yes _____ No _____ Some

Which foods?

Dietary Concerns or Foods to Avoid:

Tell us about naptime:

Soothing Techniques:

Other notes:

Notes for Parents

1. IRT does not allow food from home to be brought in unless special diet/allergy needs is determined
2. At the age of 1 only the 360 cup is used -- no bottles
3. Utensils are used/provided
4. Between 12 and 13 months they transition to whole milk
5. At the age of 1 they are solely on table food/IRT weekly menu