

FAMILY REGISTRATION FORM



Child Name _____

Start Date _____

Parent/Guardian Information

Please complete all sections

Mother/Guardian First Name: _____ Last Name: _____

Address: _____

Cell Phone: () _____ Home Phone: () _____

Can we text your cell phone? Yes No Cell Provider: _____

Employed By: _____ Work Address: _____

Office Phone: () _____ Email: _____

Driver's License #: _____ [] Custodial Parent (If married, mark both parents)

Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____

Father/Guardian First Name: _____ Last Name: _____

Address: _____

Cell Phone: () _____ Home Phone: () _____

Can we text your cell phone? Yes No Cell Provider: _____

Employed By: _____ Work Address: _____

Office Phone: () _____ Email: _____

Driver's License #: _____ [] Custodial Parent (If married, mark both parents)

Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____

Child Information

Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers: _____ Date of Birth: _____ Gender: [] Male [] Female

Child's Address _____ Child lives with: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Clinic Address: _____

Dentist Name: _____ Phone: () _____

Dental Address _____

Photographs: May we take and maintain a photo of your child for security purposes? [] Yes [] No

FAMILY REGISTRATION FORM



Emergency Contacts & Authorized Pickup Persons: (These emergency pick-up can not be the parent or guardian)

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ City & State _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ City & State _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ City & State _____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ City & State _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Tuition / Payment Information:

Tuition is due weekly and in advance, due the Friday before the new week.

Current Weekly Tuition Amount: _____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____



FAMILY REGISTRATION FORM

Enrollment, Attendance, Field Trip and Information Release

Please initial all items for which specific family understanding or permission is granted. Items above the line break are mandatory for enrollment.

_____ I am enrolling my child in LECCC. My child will attend in accordance with the following weekly schedule:

Monday	Tuesday	Wednesday	Thursday	Friday
-	-	-	-	-

_____ Tuition is due in advance of service. (Tuition will be automatically withdrawn on Friday)
_____ I have had an opportunity to meet with a staff member of LECCC to discuss the program and specific concerns for my child.
_____ A copy of the LECCC Family Handbook has been given to me. I understand and will comply with the policies and expectations of the program

_____ I give my consent to have our family's names and phone number printed on a class list & distributed to families of enrolled children.
_____ I give my consent for my child to participate in walking field trips around the LECCC campus,
_____ I understand that all children must have specific pre-signed permission to participate in field trips. I will be given advance notice of such trips.
_____ I give my consent for my child to ride in the vehicle of a staff member, equipped with a safety seat, when such is in the best interest of my child's health and safety.
_____ LECCC staff regularly photograph, audiotape & videotape children during daily & special events. The photos & tapes are used for display in the center, or in publications/website. Photos or video may be used for promotional purposes. *Child Identification is Never Shared.
_____ ***I agree for Lighthouse Explorers staff to apply Sunscreen to my child 30 minutes before going outside during the spring, summer and fall months.** Sunscreen will NOT be applied to children under 6 months of age. Lighthouse Explorers will use a Broad-spectrum sunscreen with an SPF of 30 or higher.

Social Media Permission

I _____ give Lighthouse Explorers Christian Child Center permission to use pictures involving my child _____ on the Lighthouse Explorers Christian Child Center Facebook page.

I _____ do **NOT** give Lighthouse Explorers Christian Child Center permission to use pictures involving my child _____ on the Lighthouse Explorers Christian child Center Facebook page.

Immunization Records (MIIC)

I authorize Lighthouse Explorers to obtain Immunization records from the Minnesota Department of Health and Minnesota Immunization Information Connection for each of the following children:

1. _____ 2. _____
3. _____ 4. _____

Mothers Name: _____ Maiden Name _____

Fathers Name: _____

Parent Signature _____ Date: _____

FAMILY REGISTRATION FORM
LIGHTHOUSE EXPLORERS CHRISTIAN CHILD CENTER
CONTRACT TERMS

- LECCC will run year-round.
- Annual registration fee must be turned in with this completed form.
- Immunization records and Emergency Consent Forms are due by the first day of attendance.
- Completed Health Care Summary (physical) is due within 30 days of the first day of attendance.
- We require written documentation to the office at least two weeks in advance of withdrawal from enrollment. Tuition is required in full for the two-week duration, regardless of attendance.
- No reductions are made for Holidays, illness, emergency closings, conference days, or teacher-in-service days. The following days during the year the preschool and child care programs will be closed:
Labor Day, Thanksgiving Day and the day after, (Thursday & Friday), Christmas Eve and Christmas Day, New Year's Day, Good Friday, Memorial Day, the Fourth of July, and Two Teacher In-service days. In-service days will be the Friday before Lighthouse Explorers summer camp is to begin, and the Friday before Labor Day.
- Families are allowed FIVE vacation days per year at no cost for Full time students. In addition, families are allowed FIVE vacation days at ½ tuition rate for full time students. Any vacation taken beyond the TEN (10) discounted days will be charged at the FULL tuition rate. **All vacation notices should be given to the office a minimum of 2 weeks in advance.**
- Siblings Discounts for multiple children will be at 15% for additional children only.
- Parent(s) / Guardian(s) may arrange for time beyond the contracted hours, when space is available (during normal center hours) by contacting the Center Director. Children can be in the building a maximum of 10 hours per day.
- If a child is left in care beyond their contracted hours, (or after 5:30pm) a fee of \$1.00 per minute will be charged. Late pick-up charges are due at the time of pick-up. – See Parent Handbook for Policy.
- Payments are due Monday's via Debit/Credit Card or ACH. If payment is declined, a \$10 fee will be charged.
- Other policies and procedures of the center as listed in the Parent Handbook are binding unless the parent(s)/guardian(s) receive a notice at least two (2) weeks in advance, advising of a change.

As part of the pre-admission conference on the date of _____, I have had a tour of the facility, been given an explanation of the educational philosophy and curriculum, and received a Family Handbook. I am contracting with Lighthouse Explorers Christian Child Center for the times and days indicated on this form.

I understand and agree to abide by the policies, procedures and expectations of Lighthouse Explorers Christian Child Center. I have received the LECCC Program Plan, LECCC Typical Schedule, LECCC Family Handbook, Maltreatment of Minors Reporting Policy and the Risk Reduction Plan. The information shared in this general Registration is accurate to the best of my knowledge and understanding of my child.

Parent Name: _____

Parent Signature _____ Date: _____

Parent Name: _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

FAMILY REGISTRATION FORM

Privacy Rights and responsible Authority Statement



The data collected in the registration packet will be primarily used to establish relationships and acquire information regarding enrolling families and children. Information regarding health, safety and emergency contact procedures is required by the MN Department of Human Services Division of Licensing. Personal information regarding family structure and church affiliation may be used statistically but without identifying data in reporting to various agencies including Lighthouse Christian Church.

The registration information becomes part of the permanent file for each child and is accessed by teaching and administrative staff members of the center. DHS licensors may review random children's files to verify compliance with licensing requirements and accreditation criteria. Emergency personnel may review the Emergency Procedures and Permission forms if necessary and approved by center personnel. Parents or guardians may review their child's file upon request. Children's files and the data within are not accessed by other individuals without the written permission of parents or guardians.

The "Responsible Authority" for collection, dissemination and storage of all data is the Director/Office Manager of Lighthouse Explorers Christian Child Center. Families may supply or refuse to supply data to LECCC. Refusal to supply information required by the DHS Division of Licensing will result in termination of enrollment opportunity.

Rules and Consequences

Rule - WE USE POLITE AND RESPECTFUL WORDS AND VOICES WITH CHILDREN AND ADULTS.

Consequences -

1. Conversation with the teacher, which includes role modeling, practice, and appropriate words and voice.
2. Loss of Play time for a short time
3. Letter or Conference with the family.

Rule - WE USE GENTLE HANDS AND FEET WITH CHILDREN AND ADULTS.

Consequences -

1. Removal from specific play area. Conversation with the teacher, and help the injured friend and make sure that they are okay.
2. Removal from the group.
3. Letter or conference with the family.
4. If behavior persists and does not improve after family meeting and behavior plan, dis-enrollment will be considered.

Rule - WE RESPECT THE HOUSE AND PROPERTY OF OUR CENTER, CHILDREN AND ADULTS

- RESPECTFUL HANDS AND FEET
- HELPFUL HANDS AT CLEAN UP TIME
- APPROPRIATE USE OF MATERIALS

Consequences -

1. Conversation, which includes role modeling and practice of skill.
2. Help teacher with repairing or cleaning damaged area.
3. Loss of play time - in general or specific item or area.
4. Letter or conference with the family.

Rule - ALWAYS BE WHERE YOU CAN SEE OR HEAR THE TEACHER OR YOUR FAMILY ADULT. COME RIGHT AWAY WHEN YOU ARE CALLED.

Consequences -

1. Friendly Reminder
2. Loss of choice play time
3. Letter to the family - This is a serious concern.

PLEASE WALK INDOORS TO AVOID INJURY

Notes: Teachers may make "rules for the day" to help children to be safe, healthy and friendly. Loss of play time may occur immediately or be postponed to the next playtime in a specific area or with a specific toy. THE MOST EFFECTIVE CONSEQUENCES ARE IMMEDIATE, NATURAL, OR LOGICAL.

FAMILY REGISTRATION FORM

Child Information



Child Name: _____

Social and Emotional Behavior Information

All child information must be completed.

Briefly describe your child's prior group experiences:

Please list any "nicknames" you would prefer teachers to **avoid** using:

Please describe your child's observed play preferences:

____ Solitary ____ Same age playmates ____ Older playmates
____ Adults ____ Siblings/family ____ Younger playmates

Please describe your child's characteristics and behaviors:

___ Intense	___ Sensitive	___ Nervous	___ Cautious
___ Moody	___ Happy	___ Calm	___ Fearful
___ Shy	___ Aggressive	___ Quiet	___ Friendly
___ Stubborn	___ Whiney	___ Active	___ Compliant
___ Easily Upset	___ Persistent	___ Adaptable	___ Perceptive
___ Trusting	___ Industrious	___ Independent	___ Anxious

Please describe any worries or fears of your child?

How does your child prefer to be comforted when upset? _____

Are there any special comfort items – blankets, toys, pacifier? _____

What methods of behavior guidance (discipline) are used at home? _____

What are your immediate goals for social and emotional development? _____

FAMILY REGISTRATION FORM



Child Health Information

Please describe any significant illnesses, injuries, or hospitalizations: _____

Does your child experience any regular or frequent health difficulties?

___ Stomachache ___ Fever ___ Sore/Strep Throat ___ Headache
___ Asthma ___ Allergies ___ Cold Symptoms ___ Vomiting
___ Ear infections ___ Fatigue ___ Diarrhea ___ Other ?

Please Describe:

Has your child had chicken pox? YES NO If yes, date of occurrence _____

**Please attach extra pages, physician's reports or other information if necessary. Describe any physical condition, which may impact your child's experience at LECCC. Include description of possible or diagnosed developmental concerns. Note any activity restrictions.*

Special Needs: _____

Please provide any information for your child is diagnosed with any disability or special needs.

Personal Habits – Eating & Sleeping

Eating

Please describe any concerns about your child's eating habits or preferences:

Usual appetite/Style: _____ Hearty _____ Average _____ Light

Favorite Snacks & Food: _____

Food Allergies or Special Needs:

FAMILY REGISTRATION FORM



Sleeping

Please describe any concerns about your child's sleeping habits or preferences:

Does your child take a nap at home? YES NO If yes, typically how long?

Sleeping pattern: Restful Restless

What comfort item(s) does your child use to rest or fall asleep?

What is your child's typical style of waking?

Slow to start Grouchy Sleepy
 Calm & Happy Cuddly Lively

Personal Habits - Toileting

My Child is toilet trained (Go to next section)

Does your child follow a regular schedule for toileting? _____

What language does your child use to indicate toileting needs and function?

Toilet Training:

Independent. Needs no help Needs minor help with clothes, etc.
 Needs frequent reminders Has frequent accidents

What are you currently doing at home to toilet train your child?

Any toileting concerns?

FAMILY REGISTRATION FORM



Family background Information

The Minnesota Department of Human Services *does not* require this information. We respect the privacy of your family and understand that you may not be willing to share certain family confidences with us. However, a more complete understanding of a child's family background is helpful to teachers as they support and coach development in individual children.

Please describe briefly the marital status of the family. (married, divorced, etc.)

Language spoken at home: _____

Sibling(s):

Pet(s):

Name

Birthdate

Name

Species

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any other household members? _____

Are there any family situations for which center awareness may be helpful?

Church Affiliation**: _____

**This information is shared statistically with Lighthouse Christian Church in the compilation of community outreach data.

Additional Information & Agreement of Policies

Please note any information below of which LECCC should be aware in providing early childhood care and education to your child. If you are not comfortable recording such information, we invite you to contact the Office Manager and discuss any sensitive concerns. In all events, information shared by families is handled with confidentiality and respect for the family's privacy.

Please feel free to share any Family Customs, Cultural Norms, or Traditions which you believe may help our staff benefit your child in the education and care partnership between home, school and church.

FAMILY REGISTRATION FORM



Prescription and Non-prescription Medication Permission

Child's Name: _____

Medication: _____

Condition for which prescribed: _____

Possible Side effects/reactions: _____

Instructions for LECCC Staff:

Dosage _____ Time(s) of day _____ Number of Days: _____

Family Permission: I request that this specified medication be administered to my child in the manner prescribed by the Health Care Provider and/or instructed by me.

Parent Signature: _____ Date: _____

Physician's Instructions:

Instructions or pertinent Information: _____

Physician Signature: _____ Date: _____

LECCC Record of Medication Administration

Staff please complete form below. When course of medication is completed, please put form in child's file.
Return clean and empty medication container to family.

Child's Name	Medication	Date & Time	Dosage Given	Name/Initials

Teacher administering medication, Sign and initial below.

Teacher's Name (signature/initials)	Teacher's Name (signature/initials)

Unused Medication: Date returned to parent: _____

FAMILY REGISTRATION FORM



LECCC Medication Policy

Lighthouse Explorers Christian Child Center has developed a policy for the administration of medicine and topical products consistent with the requirements of the MN Department of Human Services Rule 3 Chapter 9503.0140 Subpart 7.

- A. The center must get written permission from the child's parent before administering medicine, diapering products, sunscreen lotions, and insect repellents.
- B. The center must receive and follow written instructions from a licensed physician or dentist before administering each prescription medicine. Medicine with the child's name and current prescription information on the label constitute instructions.
- C. All medicine must be kept in its original container and have a legible label stating the child's first and last name. The medicine must be given only to the child whose name is on the label. The medicine must not be given after an expiration date on the label, and any unused portion must be returned to the child's parent or destroyed. The center must ensure that the administration of medicine is recorded, using child's name, name of medicine, date, time, dosage and staff person. The record must be available to the parent and maintained in the child's record.
- D. Sunscreen lotions and insect repellents supplied by the center may be used on more than one child. A product to control or prevent diaper rash, including pre-moistened commercial wipes that cannot be dispensed in a manner that prevents cross contamination of the product and container as determined by the health consultant, must be labeled with the child's first and last name, and used only for the individual child whose name is written on the label.
- E. Medicines, insect repellents, sunscreen lotions, and diaper rash control products must be stored according to directions on the original container and so that they are inaccessible to children.

LECCC Medication Procedures

LECCC will not administer medications under circumstances not in accordance with the DHS requirements.

1. Upon arrival at LECFCC, all medicines must be presented to the appropriate teacher for approval of DHS compliance.
2. The Medication Permission form must be completed by family or designated adult as required by the DHS and presented to the appropriate teacher for review.
3. Teachers will return empty medicine containers to families upon completion or expiration. Families may review records of medication administration upon request.
4. Daily vitamins and cough drops will not be permitted under any circumstances.