

Family Registration Form

301 Mantorville Ave. S
Kasson, MN 55944



Welcome to Creative Stars Academy!

We are thrilled to provide your child, and your family, with quality learning and creative play opportunities. As part of the enrollment process, Creative Stars Academy is required to obtain additional information about your family. This helps support a smooth transition for your child into our program by allowing our staff to become well acquainted with your family and opens the door to ongoing family and center communication.

Creative Stars Academy Registration:

To finalize your child's enrollment, please ensure each of the following items are fully completed. Your enrollment and assurance of your child's spot is not guaranteed until each item below is received by the center director.

Additionally, you will be required to pay a one-time, \$100 registration fee and a deposit. These payments are required to hold your child's spot and to ensure availability for your family.

Completed Registration Packet

- Child information
- Program Schedule
- Scheduling Policy Acknowledgement
- Primary Guardian
- Secondary Guardian
- Emergency Contacts/Authorized Pickups
- Emergency Medical Authorization
- Parent Authorization
- Health Care Summary (***Must be completed by Health Care Source***)
- Child Care Immunization Form
- Enrollment Questionnaire

Safe Sleep Documentation (*Infants Only*)

Please Note: Creative Stars Academy does not adhere to the swaddling of an infant

- Physician Directive for Alternative Infant Sleep Position (if applicable)
- Optional Parent Statement – Infant Rolling Over Before Six Months (if applicable)

Finalizing Registration

- One-time non-refundable \$100 Registration Fee
- Hold fee
- Acknowledgment of CSA Contract

Questions may be directed to Creative Stars Academy at 507-634-6004 or emailed to:

directorcsa@yahoo.com

Family Registration Form



Child

Last Name		First Name		MI	Nickname	
Age	<input type="checkbox"/> Male <input type="checkbox"/> <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Address	City		Telephone Number:

Existing medical conditions, medications and/or special attention your child may require by our program

Allergies/Dietary Needs

Pediatrician's Name	Phone	Address
Preferred Clinic/Hospital	Phone	Address
Dental Source (provide parent info if child has not been seen)	Phone	Address

Photos: May we take and maintain a photo of your child for security purposes? Yes

No

Program Schedule

Classroom:	<input type="checkbox"/> Infant (6 wks-16 mo.)	<input type="checkbox"/> Toddler (16 mo.-33 mo.)	<input type="checkbox"/> Preschool (33 mo.-1 st day of Kindergarten)
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Anticipated Days & Time of Attendance:

- Monday _____ A.M. to _____ P.M.
- Tuesday _____ A.M. to _____ P.M.
- Wednesday _____ A.M. to _____ P.M.
- Thursday _____ A.M. to _____ P.M.
- Friday _____ A.M. to _____ P.M.

Scheduling Policy

I understand that if the above schedule changes for any reason, I am responsible for giving Creative Stars Academy a 24-hour notice so that they may alter any staffing changes necessary. I understand that I may not bring my child earlier than opening time (6:00 a.m.), and no later than 9:30am without prior discussion, and acknowledge that a late fee of \$1.00 is assessed for every minute that **each** child is left beyond closing time (6:00 p.m.). If a child is not picked up by 6:01 p.m. and no phone call is received, Creative Stars Academy is instructed to contact the police department for assistance after all other emergency contacts have been called.

I acknowledge and understand the above *Scheduling Policy*

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Primary Guardian Information

Name(s) of person(s) with whom child is living

1 st Primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone		Cell Phone
Occupation	Employer	Work Address		Work Hours
Home Address	City	State		Zip Code
2 nd Primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone		Cell Phone
Occupation	Employer	Work Address		Work Hours
Home Address	City	State		Zip Code
Which Primary Guardian Should be Called First?				
Preferred language for written communication:				
Mailing Address (if different than above)			Apt #	City
				Zip Code

Second Guardian Information

Non-primary custodial parent with whom the child is not living (if applicable)

1 st Non-primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone		Cell Phone
Home Address	City	State		Zip Code
2 nd Non-primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone		Cell Phone
Home Address	City	State		Zip Code
Which Guardian Should be Called First?				
Home Phone			Should program communications be sent here?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Second Household Mailing Address (if different than above)			Apt #	City
				State
				Zip Code

Additional Comments & Information:

Family Registration Form



Emergency Contacts and Authorized Pickups

For children's safety, Creative Stars Academy will contact and release a child only to the parent(s)/legal guardian(s) and to those who are listed below (at least 2). Photo identification will be required to any of the following contacts.

1 st Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		
Home Address	City	State	Zip Code	
2 nd Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		
Home Address	City	State	Zip Code	
3 rd Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		
Home Address	City	State	Zip Code	

Emergency Medical Authorization

In the event of an emergency, I _____, give Creative Stars Academy permission to obtain
 (parent/guardian name)
 emergency medical care and/or treatment for my child, _____.
 (child's name)

Parent/s Signature: _____

Date: _____

Parent Authorization (circle your answer)

- 1) Creative Stars Academy staff is / is not permitted to administer sunscreen to my child
- 2) Creative Stars Academy staff is / is not permitted to use my child's name and/or to take pictures/video at the facility which can be shared with families, posted within our facility, used for ongoing staff professional development and promoted via social media including, but not limited to our website, Facebook, newsletters, news articles, etc.
- 3) I do / do not permit my child to be observed by local early childhood students for practicum purposes (all names and details will remain confidential)

Parent Teacher Conferences: Creative Stars Academy uses Teaching Strategies Gold to formally assess all children and ensure all age appropriate and developmental learning domains are being met. Children will be assessed 4 times a year: Fall, Winter, Spring, and Summer. Assessment results will be put into a summary form by lead teachers and will be shared in-person at conferences conducted during the Fall and Spring. During this time, teachers and parents will discuss their child's development and growth. Parents will be required to review all information with teachers as well as sign and date the recognized form. A copy will then be kept in the child's file. For teachers to collect enough data on each child to form a conclusive assessment, a child must be attending the Academy at least 24 hours per week. For children who are less than 24 hours per week, teachers will communicate their observations via online communications as well as verbally regarding child's daily activities, behaviors, etc.

Family Registration Form



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

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed By Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>
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Other information helpful to the child care program _____

Phone _____

Signature of Health Source _____ Address _____

Date _____

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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 _____

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

Vaccine	Birth to 6 months		12 -24 months		At Kindergarten
Hepatitis B	<input type="text"/>	<input type="text"/>	<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"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>
Chickenpox (varicella)	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>				
Meningococcal (MCV4)	<input type="text"/>				

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

Instructions for parent or guardian:

- 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. they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about you to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

A. Medical exemption: By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

Minnesota Department of Health - Immunization Program (2019)

B. Non-medical exemption: A child is not required to have their parent or guardian's beliefs. However, choosing not to have your child or others they come in contact with a vaccine-preventable disease may be required for child care, school, and other activities in order to protect them.

By my signature, I confirm that this child will not receive the vaccine because of my beliefs. I am aware that my child may be exposed to a vaccine-preventable disease if exposed from child care, school, and other activities if exposed.

Signature: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary.

This document was acknowledged before me on _____ (date)

by _____
(name of parent or guardian)

Notary Signature: _____



3. Consent to share immunization information: This section allows you to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization status as at school entry each year.
- Support your school in helping to protect students who are vulnerable to disease based on their immunization status during a disease outbreak.

Under Minnesota law, all the information you provide is shared with those authorized to receive it. Signing this section of the form does not mean you are not to sign, it will not affect the health or educational status of your child.

I agree to allow my child's school to share my child's immunization information with Minnesota's immunization information system:

Signature: _____
(of parent/guardian)

Enrollment Questionnaire for Infant, Toddler, and Preschool

Child's Name: _____ Name Used: _____ Birthdate: _____ Parent(s)/
Guardian(s) Name: _____ Enrollment Date: _____
Languages Spoken in the Home: _____ Preferred Language for Communication: _____

Best method of communication for family (Check all that apply):

- Written Communication (notes, social media, website, flyers, newsletters, etc.) Email Text/Communication app
 Phone call Verbal at pick up/drop off

Any cultures, backgrounds/interests, or traditions your family may celebrate that you would like staff to be aware of: _____

Eating/Feeding Habits

Infants Only

Does your child use (Check all that apply): Breast Milk Formula (please specify brand) _____ Whole Milk

**For child comfort we ask that families provide all bottles including nipples. Mothers are always welcome to come feed child personally.

For mother's comfort there is a designated nursing area within our facility.

On average how often does your child eat: _____ How much per feeding: _____

All age groups

Child's Eating Habits such as likes/dislikes/schedule: _____

Toileting Habits

Is your child potty trained: Yes No Does your child need to be reminded to use the restroom: Yes No

Does your child use any creams/powders/ointments during their diapering routine (please list): Yes No

Any special instructions for staff during the diapering/toileting routine: _____

Sleeping/Nap Routine

How often/how long/how does your child normally fall asleep/special instructions: _____

**Please Note: Staff are required to place infants in their beds without anything other than the infant's pacifier per licensing

Any special quiet comfort items that will help your child feel the most comfortable (items will try to be limited to naptime): _____

General Questions

How does your child like to be comforted; are there any special tricks or advice you can give the staff: _____

What kind of child care environment/atmosphere has your child been in preceding the academy: _____

Please provide us with any other background, interests, or information Creative Stars Academy management and/or staff may find helpful:

Parent(s)/Guardian(s) Signature _____

Date: _____

Director or other Management _____

Date: _____

Finalizing Registration

Child's Name: _____

Date of Birth: _____

Enrollment Date: _____

Classroom: _____

Hold Fee

Expecting Families/Families enrolling more than 10 business days out: A \$100 one-time, non-refundable registration fee as well as a one-month non-refundable deposit is required to hold your spot. Two weeks will be used to cover your last two weeks of care if leaving Creative Stars Academy.

Infant: A \$100 one-time, non-refundable registration fee as well as a three-week non-refundable deposit is required to hold your spot. One week will then go towards your child's tuition once beginning at Creative Stars Academy and two weeks will be utilized for your last two weeks of care if leaving Creative Stars Academy.

Toddler & Preschool: A \$100 one-time, non-refundable registration fee as well as a two-week deposit is required to hold your spot. The two-week deposit will be used to cover your last two weeks of care if leaving Creative Stars Academy.

Please submit the above registration forms and registration fees to:

Creative Stars Academy
301 Mantorville Ave. S
Kasson, MN 55944
or
directorcsa@yahoo.com

Please note, registrations will not be processed without the one-time Registration fee.

AUTHORIZATION:

\$100.00 non-refundable registration fee + _____ weeks deposit in the amount of \$ _____

Amount Paid _____

Paid by Check

Paid by Bright-wheel

Paid on Website

I agree to pay the above total amount: Yes No

Signature: _____

Date: _____

Creative Stars Academy Contract

This contract is made between the parent(s)/guardians:

_____ name of parent(s)

_____ address of parents(s)

And

Creative Stars Academy for the care of the following children:

child's name _____ and date of birth _____

The payment for care shall be \$ _____ per week and reflects a schedule as follows with an anticipated start date of _____ (month, date, year):

- Monday _____ A.M. to _____ P.M.
- Tuesday _____ A.M. to _____ P.M.
- Wednesday _____ A.M. to _____ P.M.
- Thursday _____ A.M. to _____ P.M.
- Friday _____ A.M. to _____ P.M.

If a parent is going to be late picking up the child, every effort must be made to contact CSA. A late pick up fee of \$1 will be charged for every minute child is left beyond closing time (6:00 pm).

Payment by direct withdrawal is due to CSA in advance for care taking place the following week and is to be paid every Wednesday. Payment by cash or check is due on Monday for the week of by noon.

Accepted methods of payment include: cash, personal check, credit card, or money order.

If a personal check is returned due to a lack of funds, the parent/guardian must pay a \$30 returned check fee. If a check is returned more than one time, only cash or money orders will be accepted as payment. If a payment is not made on time, the following fee will apply: \$10 for every day thereafter.

State Payments:

If you are receiving state program funding, please list details of your payment policy on the following lines:

Please Note: Families using state subsidy programs are responsible for paying any and all amounts **not** covered by the state.

Payments during Holidays, Vacations, and Other absences:

Creative Stars Academy will not be open for business on the following Holidays:

New Year's Day President's Day Easter Day Memorial Day Labor Day Independence Day Thanksgiving Day & The Day After Christmas Eve Day & Christmas Day

****Typically, if a holiday falls on a Saturday, Friday we will be closed. If the holiday falls on Sunday, Monday we will be closed. Days will be posted. Full payment **must** be paid for these holidays. These holidays are paid holidays for our Academy, for all children, full or part time.*

If a parent plans on taking a vacation and the child will not be in care, CSA must be given four- week notice. Parents are expected to pay during their scheduled vacations.

When a child is ill, the parents are expected to make every effort to give CSA as much notice as possible. Parents are still expected to pay on days children may be out ill.

If a child does not arrive for the day and no notice has been given to CSA staff, parents are still expected to pay.

Termination Procedures:

This contract may be terminated by the parent(s) or the center. A two-week notice prior to the last date of care is required to do so.

Creative Stars Academy may immediately terminate this contract without any notice if payment is not made on time.

Other:

- *If CSA chooses not to enforce any portion of the contract, it does not give up the right to enforce any other portion of this contract.*
- *This contract can be revised at any time by Creative Stars Academy if necessary and CSA reserves the right to terminate care at any time for the following reasons:*
 - *Continuous late pick-up*
 - *False information of parent or guardian*
 - *Continuous challenging behavior of child with lack of communication and help from the parents*
 - *Any other reason deemed appropriate by Creative Stars Academy*

Signatures:

The signatures below indicate agreement with this contract and with the written policies of Creative Stars Academy (contained in a separate document). Creative Stars Academy may change policies as needed with advance written notice.

Parent's name Parent's signature/date

Parent's name Parent's signature/date

Creative Stars Academy signature/date

If the parent or legal guardian is under the age of 18, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms