





# Eureka Kids, Inc. Enrollment Agreement

## MEDICAL INFORMATION

Initial here that you understand that a current immunization record or physician approved and documented immunization plan **MUST** be in your child's file on or before the first day of attendance, and conscientious objector statements will not be accepted as an immunization record. Up-to-date immunizations or a physician approved and documented immunization plan are required for attendance by Eureka Kids, Inc.

\_\_\_\_\_

Initial here that you understand that a current Health Care Summary (Physician Letter or official Health Care Summary Form) signed by your child's physician **MUST** be in your child's file on or before the first day of attendance. \_\_\_\_\_

Eureka Kids, Inc. may only give medications, including ibuprofen (ex: Motrin) and acetaminophen (ex: Tylenol), solely with a signed note from a health care provider. **MEDICATION AUTHORIZATION FORMS** are available in the office. Medication must be in the original container and must include dosage information and instructions for distribution. Unused medication will be sent home following the duration of the period in which it is to be provided with the exception of medication which is relevant to an Individual Child Care Program Plan for allergies and/or asthma, such as an epipen or inhaler for allergies or asthma, which may be stored on site with the instructions detailing what necessitates an emergency for use.

Initial here that you have read and understand the medication policy of Eureka Kids, Inc. \_\_\_\_\_

## MEDICAL AND EMERGENCY CONSENT

By signing below, I understand that Eureka Kids, Inc. holds liability insurance, however Eureka Kids, Inc. does not carry health insurance for children in attendance; individual insurance coverage must be provided by the parent/guardian, AND I give my permission for the following:

1. The staff of Eureka Kids, Inc. to act in the case of an emergency, or when a child's contact persons cannot be reached, or contact arrival is delayed.
2. My child to receive necessary emergency treatment, including First Aid and/or CPR by any of the qualified and trained staff of Eureka Kids, Inc.
3. My child to be transported by ambulance to an emergency center for treatment, if local emergency resources deem it necessary.
4. My child to be transported in accordance with the Emergency Preparedness Plan of Eureka Kids, Inc. in the event of an emergency evacuation of the center.
5. The medical, surgical and hospital care treatments and/or procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary to safeguard my child's health.
6. In the event of an emergency, I/we agree to pay all costs of ambulance transportation and all medical related costs.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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## SUNSCREEN AND INSECT REPELLANT PERMISSIONS

As the parent/guardian of the above child, I recognize that too much sunlight may increase my child's risk for skin cancer later in life. Therefore, I give my permission for the staff of Eureka Kids, Inc. to apply **Banana Boat Kids SPF 50** as specified below, when he or she will be playing outside, especially during the months of April through September and between the hours of 10:00 AM and 4:00 PM. I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms and legs of children 6 months and older.

Please **INITIAL** the applicable information regarding the type and use of sunscreen and bug spray for your child:

\_\_\_\_\_ I give permission to Eureka Kids, Inc. to apply **Banana Boat Kids SPF 50** to my child as described above.

\_\_\_\_\_ for medical reasons do not apply sunscreen to my child  
**(Please provide physician documentation upon enrollment)**

\_\_\_\_\_ for personal preferences, only apply the sunscreen that I have supplied and labeled with my child's first and last name

**I have read and understand the sunscreen policy of Eureka Kids, Inc. and will provide any requested materials and/or documentation.**

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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# Eureka Kids, Inc. Enrollment Agreement

## AUTHORIZATIONS AND POLICY AGREEMENTS AND ACKNOWLEDGEMENTS

Child's First Name	Middle Name	Last Name	Birthdate
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### LIABILITY WAIVER

In consideration of my child being permitted to participate in Eureka Kids, Inc. early childhood and extended care programs, I agree to release, hold harmless, and immediately indemnify Eureka Kids, Inc., its employees, and all other organizations of whatever connection and all claims, demands, costs, losses, and expenses which I, my heirs, and personal representatives may have arising out of his/her participation in Eureka Kids, Inc. early childhood and extended care programs or through the use of any and all facilities connected herewith. I understand that every possible precaution will be exercised to assure the safety and welfare of my child. I also understand that Eureka Kids, Inc. and its authorized agents shall not be held responsible, financially or otherwise, should an accident occur.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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### POLICIES AND PROCEDURES AGREEMENT

I recognize and understand my responsibility to respect the rules, policies and procedures of Eureka Kids, Inc. early childhood and extended care programs. I also recognize my responsibility to help my child respect the rules in order to better provide a positive experience for all program participants. I agree to be responsible for knowing and following the contents of the **PARENT HANDBOOK**, which includes the policies and procedures of Eureka Kids, Inc., provided to me upon enrollment, to pay the agreed upon fees and weekly tuition on time, and to share responsibility for any damages my child might cause while participating in Eureka Kids, Inc. early childhood and extended care programs.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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### RELEASE OF INFORMATION

I hereby give my consent for the exchange of information between employees of Eureka Kids, Inc. and the public school district in which you reside whenever such exchange would better enable either party to meet my child's needs. Personal information is not released to persons outside of Eureka Kids, Inc. aside from the Health Consultant, the Department of Human Services, Licensing Division (DHS) and the public school district in which you reside, unless we have your written approval or except as required under licensing policies and procedures, applicable law or pursuant to court order, subpoena or other legal requirement.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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### MANDATED REPORTING

By signing below I understand that per the Reporting of Maltreatment of Minors Act, Minnesota Statutes, section 626.556, employees of a licensed facility are legally required or mandated to report suspected neglect and/or abuse (mental, physical and/or sexual abuse) of a child. If the employees of Eureka Kids, Inc. have any reason to believe that a child is being or has been neglected or physically or sexually abused within the preceding three years, they are legally required to make a report to an outside agency within 24 hours. Parents/Guardians are provided with the **Maltreatment of Minors Mandated Reporting Policy** upon enrollment.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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## Eureka Kids, Inc. Enrollment Agreement

### ADVERTISING AND PUBLICITY POLICY

Eureka Kids, Inc. maintains a website as well as several social media platforms (Facebook, Instagram, and Twitter) that provide information on available services. **Please initial your preferences below.**

- Yes  No I hereby give permission to Eureka Kids, Inc. to use an image of my child, without their name, on the center website, Facebook Page, Instagram and Twitter Page.
- Yes  No I hereby give permission to Eureka Kids, Inc. to use a copy or image of my child’s work, without their name, on the center website, Facebook Page, Instagram and Twitter Page.
- Yes  No I hereby give permission to Eureka Kids, Inc. to use an image of my child, without their name, in the center’s brochures used for marketing and advertising purposes.
- Yes  No I hereby give permission to Eureka Kids, Inc. to use an image of my child, without their name, in the center’s newsletters **(distributed only to enrolled families).**
- Yes  No I hereby give permission to Eureka Kids, Inc. to use a copy or image of my child’s work, without their name in the center’s brochures and newsletters
- Yes  No I hereby give permission to Eureka Kids, Inc. to use an image of my child, without their name, for advertisements.

**By signing below you are indicating your preferences and permission to Eureka Kids, Inc. for the use of an image of your child, and/or a copy or image of your child’s work, on the center’s website, social media sites, brochures, and/or newsletters. You will be notified of any images that may be used for public relations purposes.**

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Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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### BEHAVIOR POLICY ACKNOWLEDGEMENT

The Behavior Guidance Policy is outlined in the Parent Handbook. As an early childhood school, Eureka Kids Inc. uses the following steps towards positive behaviors:

1. **Redirection:** Teachers and staff will first request and gently guide (redirect) the child to make better choices, use nice touches and/or kind words with friends and classmates.
2. **Time-Outs/“Take a Break”:** Should the verbal request or gentle guidance (redirection) be challenged repeatedly, the child may need to “take a break.” Time-outs are given at 1 minute per age of the child. (Ex: 3 minutes for a 3 year old child)
3. **Separation:** Separation is used only when a child is posing a threat to staff, other children or themselves. Separation means the removal of the child from their regular classroom environment. Should this occur, the parent/guardian will be notified on the child’s daily report and an entry made in a separation log.

As an early childhood school, we understand that certain behaviors are considered typical at certain age levels. Examples of typical behaviors may include biting, hitting or defiance. While considered typical, occurrence of these behaviors should not be regular.

**By signing below I understand the following:**

1. My child will be expected to abide by the Eureka Kids, Inc. expectations for age-appropriate behaviors.
2. If inappropriate behaviors become a regular occurrence, the staff and the director will work together to develop a Behavior Plan, along with the parent/guardian and may include community resources such as the public school system. I understand that should such a collaboration be denied by the parent/guardian, Eureka Kids, Inc. retains the right to discontinue care should the safety of the staff and other children be impacted by such a denial.
3. Every child has a right to feel safe in their environment. Should a regular pattern of typical behaviors become reoccurring, the center will follow the **“Rule of 3”**. The **“Rule of 3”** details that should a child have 3 repeat occurrences that cause harm to or threaten the safety of staff or children in the center, care will be terminated.
4. Any behavioral or verbal threats by parents/guardians toward program staff, children or other parents will be cause for immediate termination.

**We have read and accept the Eureka Kids, Inc. Behavior Guidance Policy.**

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Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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# Eureka Kids, Inc. Enrollment Agreement

## ADDITIONAL AUTHORIZATIONS

By signing below, I agree to following terms:

1. Eureka Kids, Inc. policies and procedures are reevaluated once yearly in November, tuition is subject to change effective in January.
2. I understand and agree to notify Eureka Kids, Inc. Staff by 9:00 AM when my child is going to be absent.
3. I understand and agree to promptly notify the office and update enrollment agreement if there is any change in the information provided.
4. Eureka Kids, Inc. staff may assist my child with diapering and toileting needs.
  - a. This includes permission for staff to use center provided child-safe diaper wipes, diapers and/or pull-ups on my child, if necessary.
    - i. **Initial Here:** \_\_\_\_\_
  - b. This includes permission for staff to change my child's clothing, if necessary.
    - i. **Initial Here:** \_\_\_\_\_
  - c. This includes using any non-prescription diaper creams or ointments I have supplied to the center for use in helping to prevent diaper rash from occurring or for use when a rash is already present. I understand that the cream I supply will be stored appropriately in my child's classroom and labeled with their first and last name.
    - i. **Initial Here:** \_\_\_\_\_
5. Eureka Kids, Inc. staff may transport my child to and from field trips and educational outings. I understand that my child will be under appropriate supervision at all times during transportation. Off-site field trips and all transportation will meet state child care licensing regulations and center policies. I will authorize off-site field trips by signing the **Field Trip Permission Slip** for each field trip that my child participates in.
6. Eureka Kids, Inc. staff may take my child on walking trips around the local area.
7. I authorize a professional portrait company to take individual and class portraits of my child. The photos will be for purchase and not used for publicity, marketing or advertising. For tracking purposes, my child's name and class will be given to the photographer. A staff member of Eureka Kids, Inc. will be present during any photograph session.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## FINAL AUTHORIZATION AND AGREEMENT

I understand that all pages of this Enrollment Agreement Form are valid for as long as my child participates in Eureka Kids, Inc. early childhood and extended care programs. If any changes are needed, changes will be made and initial. If no changes are needed I understand that I will be required to sign off on the accuracy of the form.

I certify that I have read, understand and accept all of the terms and conditions in all pages of this Enrollment Agreement Form. This agreement is effective the date signed below.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Eureka Kids, Inc. Tuition Agreement

## TUITION INFORMATION AND AGREEMENT

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Start Date: \_\_\_\_\_ Weekly Tuition Rate: \$ \_\_\_\_\_  
 \_\_\_\_\_ Placement: \_\_\_\_\_

## ENROLLMENT FEES

A registration fee of \$125 is due to hold a child's spot, and is due in September each year thereafter. For each additional child \$50 is added. This fee is non-refundable. A deposit of two weeks' tuition is required to hold a child's spot for a predetermined amount of time with the Director's approval. This deposit will be applied to the last two weeks of care. The deposit will be used for the 2 weeks' notice withdrawal payment and the deposit is non-refundable.

## WEEKLY TUITION AND ADDITIONAL FEES INFORMATION

Tuition is a flat weekly rate and subject to change yearly. Parents are provided with tuition rate information and will be notified well in advance of any increase in tuition rates. Child arrival and departure times are electronically recorded.

1. **Eureka Kids** payment may be made by check, money order, credit or debit card. As available, Eureka Kids will utilize automatic payment processing from your checking, savings account or debit/credit card. Cash is only accepted upon Director's approval.
  - a. A \$25 fee will be assessed for returned checks or Non-sufficient Funds.
2. **Billing cycles are Monday-Friday** and tuition payments are due in full by 6 pm Monday for the week of care. If not paid in full by Wednesday, childcare may be discontinued until full payment is received. Refer to pages 10-11 in your parent handbook for more information regarding late payments and fees.
  - a. A \$15 late fee and \$10 for each day after will be automatically assessed at 6 pm on Monday for late payments.
3. **Drop-In Rate:** Maximum of 10 hours per day.
  - a. Drop-ins are registered and enrolled for care with Eureka Kids on an irregular basis.
  - b. Based on availability.
4. **Late Pick-up Charge:** A \$15 late charge will be automatically assessed to any families that arrive between 6:01-6:15 PM. After 6:15 PM, you will be charged \$20.00 for each 15 minute increment. Time of arrival and departure are determined by the time logged on the security system at the entrance.

Tuition rates are based on costs associated with a quality early learning school, including but not limited to the following: Salaries for staff, insurance rates, and food and program costs.

## CHILD CARE ASSISTANCE PROGRAM

Eureka Kids, Inc. will participate in the Child Care Assistance Program in the counties of our choosing. You must notify the Director of your participation in this program. The parent/guardian is responsible for all fees and overages not paid by CCAP. Tuition, fees and/or co-pay must be paid in full per the tuition schedule. Until CCAP authorization has been received, full tuition and all fees must be paid privately to begin and/or continue child care. CCAP Authorization must be approved to reserve or hold a spot for childcare.

## WITHDRAWAL POLICY AND NOTICES

At any time, Eureka Kids reserves the right to terminate care without further commitment, although payment in full is still required. If either Eureka Kids or you would like to terminate care, a **Withdrawal Notice** (available from the office or via email) and two weeks' tuition payment in full, regardless of your child's attendance, are due 2 weeks before the end date and are to be given to the Director ([registration@eurekakidsmn.com](mailto:registration@eurekakidsmn.com)). **Regular tuition payment will continue until the Withdrawal Notice and two weeks' tuition payment in full are received by the Director.**

Should your child be absent for a period of 10 business days and no communication received, we will assume the enrollment spot to be abandoned. The 10<sup>th</sup> day of absence shall count as the date of notice and you will be responsible for payment of the following two weeks. Your enrollment slot will be forfeited to the next family on the waiting list.



# Eureka Kids, Inc. Tuition Agreement

## TUITION INFORMATION AND AGREEMENT

Child's Full Name:

Birthdate:

Start Date:

### SCHEDULES

1. Your child's schedule of attendance must be indicated on the enrollment form prior to the first day of care. It is important that state licensing regulations regarding teacher to student ratios are followed, and Eureka Kids will schedule staff based on provided schedules.
2. Permanent or temporary schedule changes, including days and/or hours, will need to be indicated on a **Schedule Change Form**. This form is available in the office or via email. Two weeks' notice and the Director's and/or Assistant Directors' approval is required.
3. Schedules cannot be altered due to illness or holidays.
4. Drop-in days for additional care may be requested at any time. The **Drop-In Form** is available in the office or via email, and the Director's approval is required. Scheduled additional care will need two weeks' written notice to cancel. Without the two-week notice the drop-in tuition will be automatically charged.

### HOLIDAYS, SNOW DAYS AND DISCOUNTS

1. Eureka Kids will be closed on these holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Black Friday, Christmas Day. There may be limited hours on Christmas Eve. Two professional training days are scheduled each year and the center will be closed. Full tuition rates apply regardless of holidays or professional days. Eureka Kids reserves the right to close on the Friday before or the Monday after a holiday, if the holiday falls on the weekend. Families will be informed of these dates and given a calendar. If more notice is needed, the Director may be asked in advance.
2. If your child is ill or cannot attend care for other reasons, regular weekly tuition rates will apply.
3. In the event of a Rochester Public Schools declaring Snow Day or severe winter weather, Eureka Kids may only be open from 8:00 AM – 4:00 PM. Regular weekly tuition rates will still apply.
4. In the event of emergency closure of Eureka Kids for any reason, regular weekly tuition rates will still apply.
5. Eureka Kids will offer a 5% discount on the oldest child's tuition rates for families with two or more children enrolled.

**We certify that we have read, understand and accept all the terms and conditions described on all pages of this tuition and fee agreement form. This agreement is effective the date signed below.**

Parent/Guardian

Date

Parent/Guardian

Date



# Eureka Kids, Inc. Emergency Contact Card

The following information is a requirement enforced by the Minnesota Department of Human Services Licensing Department (DHS). Please fill out the form completely.

Child's First Name, Middle Name, Last Name		Nicknames (if applicable)		
Child's Birthdate:				
Child's Street Address	City	State	Zip Code	County
Home Phone Number				
Child's Known Allergies and Medical Conditions				
Child's Medications				
Child's Physician Name (Must be local)		Physician Phone Number		
Physician Address (Street, City, State, Zip Code)				
Child's Dentist Name (Must be local)		Dentist Phone Number		
Dentist Address (Street, City, State, Zip Code)				
Parent/Guardian #1 Name		Cell Phone and provider		
Parent/Guardian #1 Address (Street, City, State, Zip Code)				
Parent/Guardian #1 Employer Name and Address		Employer Phone Number		
Parent/Guardian #2 Name		Cell Phone and provider		
Parent/Guardian #2 Address (Street, City, State, Zip Code)				
Parent/Guardian #2 Employer Name and Address		Employer Phone Number		
Emergency Contact #1 Name (must be within one hour of center, other than parents)		Phone Number		
Emergency Contact #1 Address (Street, City, State, Zip Code)				
Emergency Contact #2 Name (must be within one hour of center, other than parents)		Phone Number		
Emergency Contact #2 Address (Street, City, State, Zip Code)				

I verify that the above information is correct and up to date to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Eureka Kids, Inc. Child Information Form

Please complete this form accurately and completely. Completed forms are a requirement for enrollment at Eureka Kids, Inc., and need to be on file before the first day of your child's attendance. Information provided on the completed forms will help the staff at Eureka Kids, Inc. understand your child and better meet their needs.

## ALL ABOUT MY CHILD

Child's Full Name	Hair Color	Eye Color	Distinguishing Marks or Features
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## GENERAL INFORMATION

Has your child had any previous child care experiences? If yes, please list previous experiences below. \_\_\_\_ Yes \_\_\_\_ No

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What is your child's favorite toy?

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What is your child's favorite activity?

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How do you comfort your child? (Examples: pacifier, blanket, hugs, toy)

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Would you like to share any information about your family traditions and customs?

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## HEALTH INFORMATION

Does your child seem healthy most of the time?

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Is your child taking any medications now? \_\_\_\_\_ If yes, what? \_\_\_\_\_  
Why? \_\_\_\_\_

In the past year, has your child had any ear infections?

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In the past year has your child had any colds or throat infections with a fever?

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Has your child had trouble with his/her eyes or vision or need to wear prescription eyewear?

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## Eureka Kids, Inc. Child Information Form

Please complete this form accurately and completely. Completed forms are a requirement for enrollment at Eureka Kids, Inc., and need to be on file before the first day of your child's attendance. Information provided on the completed forms will help the staff at Eureka Kids, Inc. understand your child and better meet their needs.

### ALL ABOUT MY CHILD

Child's Full Name

Page 2

### HEALTH INFORMATION, CONTINUED

Has your child had trouble with his/her hearing?

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What arrangements have you made for the care of your child should they become ill at the center or cannot come to the center due to illness?

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Does your child have any special needs that the staff should be aware of? Please attach a copy of your child's IEP, if applicable. If yes, please explain:

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Does your child have, or ever had, other illnesses or diseases the staff should be aware of? If yes, please list type, when and how treated:

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Has your child ever been hospitalized? If yes, please explain:

---

Has your child ever had any serious accidents or poisonings? If yes, please list type and how treated:

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Does your child have any food or environmental allergies, asthma or special food accommodations as determined by a physician or religious preferences?

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Please check any of the following that your child has ever had:

Seizures or Convulsions

Premature Birth

Trouble Breathing at Birth

Head Injury

Birth Injury or Defect



## Eureka Kids, Inc. Child Information Form

Please complete this form accurately and completely. Completed forms are a requirement for enrollment at Eureka Kids, Inc., and need to be on file before the first day of your child's attendance. Information provided on the completed forms will help the staff at Eureka Kids, Inc. understand your child and better meet their needs.

### ALL ABOUT MY CHILD

Child's Full Name \_\_\_\_\_

Page 3

### TOILETING AND DIAPERING

How frequently does your child have a bowel movement?  
\_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

What words does your child use for urination? \_\_\_\_\_

What words does your child use for bowel movement? \_\_\_\_\_

Does your child frequently have a diaper rash? If yes, how is it treated?  
\_\_\_\_\_

### DAILY SLEEP ROUTINES

Does your child cry when going to sleep? Please describe:  
\_\_\_\_\_

Does your child need a pacifier, blanket or special toy for sleeping? Please describe:  
\_\_\_\_\_

Do you have special ways of putting your child to sleep?  
\_\_\_\_\_

What is your child's present sleeping schedule?

Night time: \_\_\_\_\_ Morning Nap: \_\_\_\_\_ Afternoon Nap: \_\_\_\_\_

### EATING ROUTINES

How frequently does your child eat? \_\_\_\_\_

**Infants Only (6 weeks-16 months):**

Does your child drink:      Breast Milk      Formula      Whole Milk      Water (circle all that apply)

Does your infant eat solids? \_\_\_\_\_ (if yes, please fill out the infant food list available from classroom staff)

Consistency/Temperature of food/bottles: \_\_\_\_\_

Feeding Schedule:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Eureka Kids, Inc. Child Information Form

Please complete this form accurately and completely. Completed forms are a requirement for enrollment at Eureka Kids, Inc., and need to be on file before the first day of your child's attendance. Information provided on the completed forms will help the staff at Eureka Kids, Inc. understand your child and better meet their needs.

### ALL ABOUT MY CHILD

Child's Full Name \_\_\_\_\_

Page 4

### TEMPERAMENT AND BEHAVIOR

Please indicate which word(s) describe your child:

- Cheerful     Sensitive     Talkative     Leader     Cooperative     Physically Active     Calm  
 Easily Excited     Outgoing     Quiet     Follower     Active     Independent     Shy  
 Eager Learner     Explorer     Aggressive     Possessive     Cautious     Serious     Persistent  
 Curious     Distractible

Please list any other comments about your child's temperament and behavior:

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

What fears does your child have? Please describe:

Does your child have any communication habits we should know about?

Please use the space below to list anything that you think that we, as teachers and caregivers, should know about your child to help us work with him/her more effectively. Please include cultural preferences, family traditions and/or customs:

What aspects of your culture are most important to your family?

My signature below indicates that I have completed all pages of the Child Information Form to the best of my knowledge. I understand that this form will be shared with the staff that cares for my child at Eureka Kids, Inc.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

# HEALTH CARE SUMMARY

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

Followed Followed By Other Requires Special  
Important Health Problems By You Med Source (Name) Attention at Center

Other information helpful to the child care program \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

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"/>	<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"/>	<input type="text"/>
Chickenpox (varicella)	<input type="text"/>	<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"/>	<input type="text"/>
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningococcal (MCV4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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:

- 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.
  - 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 your child's immunization history, talk 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 with an X.

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.

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(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: \_\_\_\_\_

Notary Stamp

STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

**3. Consent to share immunization information:** This school is asking for permission 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 records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)



## Authorization Agreement for Direct Payments (ACH Debits & Credit/Debit Cards)

New Agreement

Change Account

Cancel Agreement

### AUTOMATIC DIRECT PAYMENT AUTHORIZATION AGREEMENT

I (we), hereby authorize EUREKA KIDS to initiate credit/debit card charges (2% processing fee) or electronically debit my (our) account at the depository financial institution detailed below ("DEPOSITORY"). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with all applicable law.

**Select One:**  Checking Account  Savings Account  Credit/Debit Card

Depository:

Name on Account \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Routing Number or Card Number \_\_\_\_\_

Account Number or Security Number \_\_\_\_\_

Card Expiration (if applicable) \_\_\_\_\_

Dollar Amount \_\_\_\_\_

Transaction Date and Frequency Weekly on Mondays

This authorization is to remain in full force and effect until I (we) notify EUREKA KIDS, [in writing or by phone with appropriate address or phone number] of its termination. I (we) understand that EUREKA KIDS requires at least two weeks prior notice in order to cancel or change this authorization.

Child's Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**ATTACH VOIDED CHECK HERE**





# Infant Dietary Instruction Form

Please take a list below for foods served at Eureka Kids. Please initial and date next to each food to be given at the center. For combination foods, be sure to sign off on all ingredients. **All foods must be tried at home for 3 to 5 days to observe for allergic reactions.**

	Initials	Date		Initials	Date
<b><u>Proteins:</u></b>					
Chicken	_____	_____	Turkey Bacon	_____	_____
Cheese	_____	_____	Turkey Sausage	_____	_____
Cottage Cheese	_____	_____	Veggie Meat	_____	_____
Eggs (whole)	_____	_____	Wowbutter (sunflower seed butter)	_____	_____
Fish	_____	_____	Yogurt	_____	_____
Turkey	_____	_____			
<b><u>Fruits:</u></b>					
Apple	_____	_____	Papaya	_____	_____
Apricot	_____	_____	Pears	_____	_____
Banana	_____	_____	Peaches	_____	_____
Blueberry	_____	_____	Pineapple	_____	_____
Blackberry	_____	_____	Plums	_____	_____
Cantaloupe	_____	_____	Prunes	_____	_____
Honey Dew	_____	_____	Raspberry	_____	_____
Kiwi	_____	_____	Raisins	_____	_____
Mango	_____	_____	Strawberry	_____	_____
Oranges	_____	_____	Watermelon	_____	_____
<b><u>Vegetables:</u></b>					
Avocado	_____	_____	Humus (chickpeas)	_____	_____
Beans	_____	_____	Lentil	_____	_____
Beets	_____	_____	Peas	_____	_____
Broccoli	_____	_____	Potato	_____	_____
Cabbage	_____	_____	Pumpkin	_____	_____
Carrots	_____	_____	Spinach	_____	_____
Celery	_____	_____	Squash	_____	_____
Corn/Hominy	_____	_____	Sweet Potato/Yam	_____	_____
Cucumber	_____	_____	Tomatoes	_____	_____
Green Beans	_____	_____	Zucchini	_____	_____
<b><u>Grains:</u></b>					



# Infant Dietary Instruction Form

Please take a list below for foods served at Eureka Kids. Please initial and date next to each food to be given at the center. For combination foods, be sure to sign off on all ingredients. **All foods must be tried at home for 3 to 5 days to observe for allergic reactions.**

	<b>Initials</b>	<b>Date</b>		<b>Initials</b>	<b>Date</b>
Bagel	_____	_____	Pasta	_____	_____
Barley	_____	_____	Pancake	_____	_____
Bulgur	_____	_____	Pita Bread	_____	_____
Bread	_____	_____	Quinoa	_____	_____
Cereal	_____	_____	Rice	_____	_____
Crackers	_____	_____	Semolina/Couscous	_____	_____
English Muffin	_____	_____	Tortilla	_____	_____
Naan Bread	_____	_____	Waffle	_____	_____
Oatmeal	_____	_____			
<b><u>Pureed Foods:</u></b>					
Apple	_____	_____	Carrots	_____	_____
Apple, Strawberry, & Banana	_____	_____	Green Beans	_____	_____
Banana	_____	_____	Sweet Potato	_____	_____
<b><u>Beverages:</u></b>					
Breast Milk	_____	_____	Formula	_____	_____
Coconut Milk	_____	_____	Soy Milk	_____	_____
Whole Milk	_____	_____			
<b><u>Condiments:</u></b>					
Ketchup	_____	_____	Mayo	_____	_____
Ranch	_____	_____			
Jelly	_____	_____			

**I have tried the above foods and give permission for them to be given to my child. I understand this list is not inclusive; therefore I give permission for any foods/combinations of foods brought in from home to be given as well.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Eureka Kids Closure Dates:**

**New Year's Day:** January 1st

**President's Day:** 3rd Monday in February

**Memorial Day:** Last Monday in May

**Independence Day:** July 4th

**Labor Day:** First Monday in September

**Columbus Day:** 2nd Monday in October

**Thanksgiving (2 days):** 4th Thursday in November and the Friday after

**Christmas Eve/Close early at 4:30 pm:** December 24th

**Christmas Day:** December 25th

\*If Holidays falls on a Saturday, Eureka will observe the Holiday the Friday before.  
If Holidays fall on a Sunday, Eureka will observe the Holiday the Monday after.