

**CHILD CARE ENROLLMENT**

**Use of form:** Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

**CHILD INFORMATION**

Name (Last, First, MI)	Address – Home (Street, City)	Telephone Number	Birthdate (mm/dd/yyyy)	First Day of Attendance
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**PARENT OR GUARDIAN** – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.

Relationship to Child	Name	Address – Home (Street, City)	Home / Cell Telephone No.	Name and Address – Place of Employment OR Where Reachable While Child is in Care	Telephone No.
Mother					
Father					
Guardian					
Guardian					

**AUTHORIZED PERSONS** – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

Relationship to Child	Name	Address – Home (Street, City)	Home / Cell Telephone No.	Name and Address – Place of Employment OR Where Reachable While Child is in Care	Telephone No.

**EMERGENCY CONTACT** – The person to be notified in an emergency when parents / guardians cannot be reached.  Yes  No This person is authorized to pick up the child.

Relationship to Child	Name	Address – Home (Street, City)	Home / Cell Telephone No.	Name and Address – Place of Employment OR Where Reachable While Child is in Care	Telephone No.

**PHYSICIAN OR MEDICAL FACILITY**

Name	Address (Street, City, State, Zip Code)	Telephone Number
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**AUTHORIZATION**

- Yes  No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes  No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- Yes  No I give permission for my child to participate in field trips and other activities during operating hours.  Transported  Walking
- Yes  No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

<b>SIGNATURE</b> – Parent or Guardian	Date Signed
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### HEALTH HISTORY AND EMERGENCY CARE PLAN

**Use of form:** This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

**CHILD INFORMATION**

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)

**PARENT / GUARDIAN INFORMATION** Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

**PHYSICIAN / MEDICAL FACILITY INFORMATION**

Name – Physician	Address – Medical Facility	Telephone Number
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**SUNSCREEN / INSECT REPELLENT AUTHORIZATION** If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

**HEALTH HISTORY AND EMERGENCY CARE PLAN** If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.
- No specific medical condition
  - Asthma  Diabetes  Gastrointestinal or feeding concerns including special diet and supplements
  - Cerebral palsy / motor disorder  Epilepsy / seizure disorder  Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
  - Other condition(s) requiring special care – Specify.
  
  - Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
  - Food allergies – Specify food(s).
  - Non-food allergies – Specify.

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Kids Port Childcare

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2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.  
a.  
b.  
c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian	Date Signed (mm/dd/yyyy)
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Review dates: \_\_\_\_\_

# Kids Port Childcare

## Weekly Schedule

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

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Effective date of new schedule: \_\_\_\_\_

Vacation days requested: \_\_\_\_\_

Termination date: \_\_\_\_\_

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

**REMINDER:** You will be charged for your regularly scheduled days unless this form is submitted in advanced of your request. **ALL families must pay for holiday closures and vacation days may not be used.**

## **Our Discipline Policy**

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Our school is committed to the well-being of each and every child. In order to provide a safe, loving, and stimulating environment, we expect a certain degree of co-operation from each child and parent as well. Our means of disciplining unacceptable behavior on the part of a child is to separate a child from the rest of the group. This is referred to as a "time-out" and is limited to one to five minutes (depending on the child's age) in duration. Children under three do not receive "time-outs" they instead will have quiet play. During this time, the child is kept under direct supervision. No snack or meal will be with-held from the child at any time. **Under no circumstances will your child be mistreated or mishandled.** If "time-outs" become a regular routine and appear to be ineffective, a parent/teacher conference will be held to discuss the situation. If there is little or no improvement and the child's behavior becomes a distraction to the rest of the group, termination of enrollment may be necessary. **Corporal punishment is not a part of our program and will not be tolerated on the part of any employee.**

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

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

## SUNSCREEN AND INSECT REPELLENT FORM

My child \_\_\_\_\_, may have sunscreen applied to exposed skin areas before going outside on warm sunny days. My child/ren may also have the following insect repellent applied as needed. Kids Port Childcare Center shall provide Equate General Protection 50 SPF for my child/ren. I understand that this might change next year and will complete a new form at that time. I also understand that I must provide insect repellent for my child at this time if I feel it necessary.

Name of Sunscreen: **Equate General Protection**

Sun Protection (SPF) that will be used: **50 SPF**

Name of insect Repellent to be used on my child (parent provided):

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Parent Signature/Guardian

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Date



Kids Port Childcare Center  
1505 Sunset Road  
Port Washington, WI 53074  
(262) 284-6595 Fax (262) 284-7490

I give Kids Port permission to use my child's picture for news and/or media purposes.

I **do not** give Kids Port permission to use my child's picture for news and/or media purposes.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Guardian Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Parents please fill out either your social security number or your driver's license number but not both it is for your security we only need one or the other.**

**Thank you**





**Kids Port Pre School and Childcare Center  
Effective January 1<sup>st</sup> 2013**

**4 weeks to 24 months**

Full Time \$250.00	Full Day \$50.00	Part Time \$200.00	Half Day \$40.00
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**2 & 3 years**

Full Time \$210.00	Full Day \$42.00	Part Time \$175.00	Half Day \$35.00
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**4 & 5 years**

Full Time \$205.00	Full Day \$41.00	Part Time \$165.00	Half Day \$33.00
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**Preschool Program**

\$25.00 per day 9:00 a.m. until 11:30 a.m.

**School year Kindergarten -12 years**

Before School \$12.00 per day	After School \$14.00 per day	Before & After School \$26.00 per day	Full Day \$35.00
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**Summer Camp 6-12 years**

Full Time \$175.00	Full Day \$35.00	Part Time \$155.00	Half Day \$31.00
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**Half day of school, Before & After, Summer School or Early Childhood is a full day**

**Drop in Care**

\$15.00 per hour

**There is no family discount given for drop in care**

**Registration Fees**

\$50.00 a year per child upon enrollment & every January there after  
35 hours of care is considered Full Time

**Reenrollment fee due after taking off for summer break**

**Additional Fees**

**Enrollment Deposit** equal to two week's care **2 day minimum**

**Care over 10 hours a day** will be charged an additional \$10.00 an hour per child

**Care past your scheduled time** will be charged at \$1.00 per minute per child

**Late payment fee** of \$30.00 will be charged to accounts not paid by Wednesday 9 a.m.

**Late pick up fee** of \$1.00 per child per minute after center is closed (6:00 P.M.).

**NSF charge** \$50.00

\$75.00 a week to hold your child's place if you need to temporarily stop care

Half day care is up to 5 hours Full day care is up to but not to exceed 10 hours per day

If your child is not potty trained by age 4 their rate will remain at \$200.00 per week

**There is an additional charge of \$5.00 per day per child for children with varying schedules**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

- Kids Port will meet competitor's rates, if you bring in a current price sheet.

### Kids Port Financial Contract

I agree to keep my child at Kids Port Childcare with tuition due on a weekly basis. I understand that I must pay at the beginning of each week for those services offered, unless other arrangements are made with the director. The initial payment will include the registration fee. I will give at least two week's notice of any change in schedule.

I understand that I am allowed one-week vacation at no charge and that I must give one-week advance notice for any vacation time used unless other arrangements are made with the Director.

I agree to give two weeks advanced written notice to the Director for all withdrawals. I agree to pay tuition if I fail to give the above notice.

I agree to pay for absences unless my child has a prolonged illness (and approval is obtained from the Kids Port Director) and submit a doctor's excuse or take a vacation day(s).

Like the other centers in our area, we will not be giving refunds for celebrated holidays on which your child is scheduled, if you have a varied schedule you will be charged for all holidays. This is also stated in our parent manual.

In order to maintain your account properly we ask that you pay with checks every Monday morning and note in the memo section the week you are paying for. If your schedule changes or you take vacation day, please fill out a change of schedule form.

My signature below signifies that I have read, understand, and agree to be bound by all of the above policies and that I have read and understand the parent manual as well.

\_\_\_\_\_  
Mothers Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fathers Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

Your payment will be \_\_\_\_\_

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

dcf.wisconsin.gov/

## CHILD HEALTH REPORT – CHILD CARE CENTERS

**Use of form:** Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(4), DCF 250.07(6)(L)3., and DCF 251.07(6)(k)3. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Except for a school-aged child, each child 2 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant or HealthCheck provider to be completed, signed and dated. The licensee shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian were to include a copy of the child's immunization record when submitting this form to the child care center.

### PARENT OR GUARDIAN – Complete this section.

Name – Child (Last, First, MI)

Birthdate – Child (mm/dd/yyyy)

Address – Child (Street, City, State, Zip Code)

Name – Parent or Guardian (Last, First, MI)

Address – Parent or Guardian (Street, City, State, Zip Code)

### HEALTH PROFESSIONAL – Complete this section.

Instructions for feeding and care of child with special problems, including allergies – Specify (attach information as necessary).

Yes  No Does the child have a milk allergy? If "Yes", identify the recommended milk substitute.

Date of most recent blood lead test: \_\_\_\_\_ (mm/dd/yyyy). Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

### AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA or HealthCheck Provider (type or print)

Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA or HealthCheck Provider

Date of Examination

## DEPARTMENT OF HEALTH SERVICES

Division of Public Health  
F-44192 (Rev. 09/08)

STATE OF WISCONSIN

ss. 252.04, Wis. Stats.

## DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

## PERSONAL DATA

## PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

## IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus influenzae Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

Yes year \_\_\_\_\_ (Vaccine is not required)

No or Unsure (Vaccine is required)

## REQUIREMENTS

STEP 3 The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup> 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup> 2 Varicella

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

<sup>2</sup>If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).

<sup>4</sup>Children entering kindergarten must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>) to be compliant (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).

## COMPLIANCE DATA AND WAIVERS

STEP 4 IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR

IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the day care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.**

For health reasons this child should not receive the following immunizations \_\_\_\_\_ (List in STEP 2 any immunizations already received)

\_\_\_\_\_  
Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

## SIGNATURE

STEP 5 To the best of my knowledge this form is complete and accurate.

\_\_\_\_\_  
SIGNATURE - Parent, Guardian or Legal Custodian

\_\_\_\_\_  
Date Signed