

# Tiger Cub Club



## Registration Packet

For Before & After School, Non-School Days and Summer Care  
Kindergarten through 6<sup>th</sup> Grade

Address:

**Rothsay Public School**

2040 County Road 52

Rothsay, MN

Phone: (218) 867-2911 – Kristin Kidder, Coordinator

Phone: (218)-867-2942 – School Age Room

Fax: (218) 867-2376

Email: [kkidder@rothsay.k12.mn.us](mailto:kkidder@rothsay.k12.mn.us)

# TIGER CUB CLUB

## Registration

### EMERGENCY INFORMATION:

Child's Name: First:                      Middle:                      Last:			Child's Date of Birth:
Address:			
Mother's Name:			
Mother's Address (if different from above):			
Mother's Phone (H):		Mother's Phone (C):	
Mother's Email:		Best way to be contacted: Call, Text or Email	
Mother's Place of Work:		Mother's Work #:	
Father's Name:			
Father's Address (if different from above):			
Father's Phone (H):		Father's Phone (C):	
Father's Email:		Best way to be contacted: Call, Text or Email	
Father's Place of Work:		Father's Work #:	

### MEDICAL AND DENTAL CARE INFORMATION:

Physician Name:
Health Care Facility Name:
Health Care Facility Address:
Health Care Facility Phone:
<ul style="list-style-type: none"><li>Health Concerns:</li></ul>
<ul style="list-style-type: none"><li>Allergies:</li></ul>
Dentist Name:
Dentist Office Name:
Dentist Office Address:
Dentist Office Phone:

**EMERGENCY CONTACT INFORMATION:** (THOSE WHO MAY ALSO PICK UP MY CHILD FROM THE CENTER)

(1) Name:		Relationship to the Child:
Address:		Phone Number:
(2) Name:		Relationship to the Child:
Address:		Phone Number:
(3) Name:		Relationship to the Child:
Address:		Phone Number:
(4) Name:		Relationship to the Child:
Address:		Phone Number:

**UNAUTHORIZED PERSON(S)** (THOSE WHO CANNOT PICK UP THE CHILD)

(1) Name:
(2) Name:

**PICK UP AUTHORIZATION:**

These people also have my permission to pick up my child from the Tiger Cub Club Child Care Center:

(1) Name:	Address:	Phone:
(2) Name:	Address:	Phone:

A copy of this card will be taken on field trips away from the center.

\_\_\_\_\_

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

Parent Signature

# TIGER CUB CLUB:

## CONTRACT:

Child's Name:	Date of Birth:	
<b>Hours and days of the week your child will attend the center: (For staffing &amp; meal planning purposes)</b>		
	X=Days of Attendance	Indicate Hours of Attendance:
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

### Contract Rates: September 1, 2019-June 30, 2020

<b><u>Rates:</u></b>	<u>Before School:</u>	<u>After School:</u>	<u>Before &amp; After:</u>
	\$25 per week (5 days)	\$30 per week (5 days)	\$50 per week (5 days)
	Drop In Rate: \$7	Drop In Rate: \$8	Drop In Rate: \$15
	<u>Non School Days:</u>	<u>Summer Care:</u>	
	\$30 per day for regular attendees	\$145 full week (4-5 days)	
	Drop In Rate: \$35		
	<u>Late Start or Early Dismissal:</u> \$10		

\*\*Drop in rates are daily rates and they are pre-paid the day of care.\*\*

### September 4 – May 23, 2020;

Before School Care: 6:45-8:00 _____	After School Care: 3:15-5:45 _____
Combo Care of Before & After: _____	

\*\*Non-School Days - you will need to sign up one week prior to care to secure your spot.\*\*

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

\_\_\_\_\_  
Date: (MM/DD/YYYY)

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

\_\_\_\_\_  
Date: (MM/DD/YYYY)

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

\_\_\_\_\_  
Date: (MM/DD/YYYY)

MISC INFORMATION:

List any allergies (food or medical) your child has:

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List any health and/or developmental concerns you have for your child.

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Are there any family circumstances we need to know about to provide appropriate care for your child?

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How do you comfort your child?

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What is your child's favorite activity?

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How does your child communicate his/her needs to you?

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If your child receives a minor injury at the center, how do you want to be contacted?

Mode of communication:      Phone                      Text                      Email                      Incident report

When to contact:                      Immediately      or      End of day at pick up

Please note: If it is a major injury, you will be called immediately

Anything else we should know about your child?

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You will receive your first set of keys after registration: How many keys would you like? \_\_\_\_\_

If you lose your key/keys, there will be a \$5.00 replacement fee per key to get a new one.

## Parent Contract Agreement Form:

- Registration Fee: A \$25 registration fee is required. This is a **one-time** fee per family for Rothsay School Child Care.
- Payment process: We require bi-weekly pre-payments. Each child will be billed according to the contracted time and days. If for some reason the schedule would change, the parents/guardians must turn in a revised schedule the 2 weeks prior to change. Payments will be due every other Friday for the following two weeks care. If payment is not received on Friday, you may bring it on Monday morning. **If payment is not made on Monday, then care will be refused until payment has been received.**
- Late Pick-Up: a late charge of \$1.00 for every minute late beyond our regular hours. The time used will be the school clock time. Please notify Tiger Cub Club Staff if you are running late as a courtesy to them at 218-867-2942.
- Families on public assistance will be required to pre-pay their co-pay. The estimated balance remaining post county payment will also be billed to families to pre-pay. Families receiving public assistance for child care services must notify the Coordinator immediately of any changes in the status of this assistance. Failure to notify the childcare Coordinator within five business days will result in assessment of late charges and possible termination of services.
- Tiny Tigers Child Care is closed for the following Holidays (we do charge for these days): Memorial Day, Thanksgiving, Christmas Eve (closing at 4), Christmas Day, New Year's Day, Memorial Day, July 4
- A two-week written notice with payment and pre-approval is required to change your contract.
- A two-week written notice with payment is required for withdrawal of a child.
- A child may be dismissed from the center if the welfare of themselves or others makes it necessary and if all remedies to the situation have been exhausted.

I have read this contract and the Tiger Cub Club Child Care Center Parent Handbook and understand my financial expectation and responsibilities:

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

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

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

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

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

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

## Parent Permission Form:

I give Tiger Cub Club Child Care Center permission to administer the following products according to the manufacturer's instructions or as instructed by a health professional. **\*\*Parent initials indicate permission for the following:**

### Supplied by the Center:

Band-Aid \_\_\_\_\_ Liquid Soap \_\_\_\_\_ Adhesive Tape \_\_\_\_\_ Insect Repellant \_\_\_\_\_

### Supplied by the Parent:

Burn Cream \_\_\_\_\_ Sunscreen \_\_\_\_\_ Hand or Body Lotion \_\_\_\_\_ Antibiotic Cream \_\_\_\_\_

Chapped Lip Remedies \_\_\_\_\_

Blanket \_\_\_\_\_

I give permission for my child to be photographed for the following purposes.

**\*\*Parent initials indicate permission for the following:**

\_\_\_\_\_ Newspaper articles (including all photographs of children)

\_\_\_\_\_ Facebook posts for Rothsay School Child Care & Rothsay Public School

\_\_\_\_\_ Classroom display and uses

\_\_\_\_\_ Classroom newsletters

I give my permission to Tiger Cub Club Child Care staff to provide appropriate care for my child in an emergency, in the event I cannot be reached or am delayed.

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(Parent Signature)

Upon approval from the Provider, students from community schools, who are taking classes for early education, may need to complete assignments of observations of children in child care settings. We do not allow the child and the student to be alone together at any time. The student there will always be under direct supervision by a teacher in the classroom. It is just an educational opportunity for students who want to become childcare professionals. I give permission for my child to be observed.

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(Parent Signature)