

Tiny Tigers Child Care Center



Registration Packet

For Infant, Toddler and PreK Child Care

Address:

Rothsay Public School

2040 County Road 52

Rothsay, MN

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

Phone: (218)-867-2935 – Preschool Room

Phone: (218) 867-2936 – Toddler Room

Phone: (218)-867-2937 – Infant Room

Fax: (218) 867-2376

Email: kkidder@rothsay.k12.mn.us

TINY TIGERS CHILD CARE CENTER:

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">Health Concerns:
<ul style="list-style-type: none">Allergies:
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 Tiny Tiger 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

TINY TIGERS CHILD CARE CENTER REGISTRATION:

CONTRACT:

Child's Name:	Date of Birth:
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Hours and days of the week your child will attend the center: (For staffing & meal planning purposes)

	X=Days of Attendance	Indicate Hours of Attendance:
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

Parent Agreement: June 30, 2020

Rates:

Infant: 6 weeks-16 mos.

\$170 per week

Toddler: 16 mo-33 mo.

\$150 per week \$40/day drop-in

PreK: 33 mo.-3 yrs (not in RPS PreK yet)

\$150 per week

\$105/week – 4-5 yrs old in RPS 4PreK

PreK: 3-4yrs (attend RPS 3Prek 2019-20)

\$145 per week

Drop-in: \$35 per day

Drop-in care will be based on availability and staff to child ratios

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:

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

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

How do you comfort your child?

What is your child's favorite activity?

Describe your child's sleeping habits:

Describe your child's eating schedule:

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

Is your child toilet trained? N/A Yes No Working on it

How does he/she indicate the need to use the bathroom?

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?

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 family 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** beyond regular pick up time. The time used will be the school clock time. Please notify Tiny Tigers Staff if you are running late as a courtesy to at 218-867-2937 (infant), 218-867-2936 (toddler) or 218-867-2942 (PreK).
- 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.** Families on public assistance will be required to pay their full childcare bill and will be credited once assistance payments have been received.
- Tiny Tigers Child Care is closed for the following Holidays this summer (we do charge for these days): Memorial Day, Fourth of July, Labor Day. If the holiday falls on a Sunday, we will be closed on Monday. We will also be closed Friday, August 30th for a staff in-service training.
- Payment is required for contracted schedule and no credits will be given for sick days.
- 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 Tiny Tigers 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 Tiny Tigers 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:

Diapers & Wipes _____ Rash or Diaper Ointment _____ Burn Cream _____ Sunscreen _____

Hand or Body Lotion _____ Antibiotic Cream _____ Chapped Lip Remedies _____

Pull Ups _____ PreK - Blanket & Pillow _____ Toddler – Blanket _____

Pain Reliever _____

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 Tiny Tigers Child Care staff to provide appropriate care for my child in an emergency, in the event I cannot be reached or am delayed.

(Parent Signature)

I give permission for Tiny Tigers Child Care Center Health Consultant to review my child’s records concerning health issues and to review immunization records when needed.

(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.

(Parent Signature)

Parent Orientation Form:

I, _____ have been instructed and notified of the Tiny Tigers

Child Care Center policies and have been given a tour of the facility. (Optional-upon request).

(Signature of Parent)

Date: _____

(Signature of Parent)

Date: _____

(Signature of Provider)

Date: _____