

Infant & Toddler Information

Information Documentation

Child's First/Last Name

DOB

Age

Ethnicity (optional)

Race (optional)

Holiday celebrations your family observes

Holiday celebrations your family does not observe

Tell Us About Your Child (please answer all that apply)

1. Does your child seem well most of the time?

☐ Yes

☐ No

If no, please explain:

2. How do you comfort your child when they are upset?

3. What does your child enjoy doing the most?

4. Is there anything your child does not like or is scared of?

5. How does your child communicate? (crying, pointing, phrases, sentences)

6. How does your child express anger?

7. What are your expectations of our Staff and Center?

8. What are your goals for your child at our Center?

Infant & Toddler Information

Information Documentation - Continued

Developmental Information

9. Please check all that apply:

- | | | |
|--|--|---|
| ☐ Uses a pacifier | ☐ Sits with support | ☐ Sits unassisted |
| ☐ Stands | ☐ Walks with assistance | ☐ Walks unassisted |
| ☐ Crawls | ☐ Rolls over | ☐ Holds own bottle |

10. What is the best way to reach you if your child becomes ill?

Additional Information

Please share anything else that would help us get to know and care for your child.

SP3C Enrollment Form

St. Peter Community Child Care Center

Parent / Guardian Information

Parent/Guardian First and Last Name(s)			
Tentative Start Date		Address	
City		ZIP	
Mom/Guardian Phone			
Mom Email		Employer	
Dad/Guardian Phone		Dad Email	
Dad Employer			

Child Enrolling

Child's First and Last Name		Age		DOB	
Classroom (select one)	☐ Infant	☐ Toddler	☐ Preschool	☐ Pre-K Preschool	☐ School Age

Our Schedule Will Be

Arrival and departure times must be accurate. SP3C uses these times to staff classrooms.

Monday	Arrival		Departure	
Tuesday	Arrival		Departure	
Wednesday	Arrival		Departure	
Thursday	Arrival		Departure	
Friday	Arrival		Departure	

Schedule ☐ Stay the same weekly ☐ Vary weekly ☐ Vary monthly

Our family will ☐ Self pay ☐ Receive child care assistance ☐ Other

Previously enrolled at SP3C? ☐ Yes ☐ No If yes, when?

Parent/Guardian Signature Date

Emergency Release / Contact Information

St. Peter Community Child Care Center - SP3C

Child & Parent / Guardian Information

Child's Name		Date of Birth	
Parent/Guardian Name			
Address		Home Phone	
Work Location/Phone		Cell Phone	
Parent/Guardian Name			
Address		Home Phone	
Work Location/Phone		Cell Phone	

Emergency Release

I give permission to St. Peter Community Childcare Center to use whatever emergency measures are judged necessary for the care and protection of my child while under their supervision.

In case of emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary.

I understand that in some medical situations, SP3C staff will need to contact local emergency resources before contacting the child's parent/legal guardian.

Local Hospital: River's Edge Hospital and Clinic // 1900 N Sunrise // St. Peter // 507.964.3053

Parent/Guardian Signature		Date	
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Authorized Pick Up

Name 1		Relation		Phone	
Name 2		Relation		Phone	
Name 3		Relation		Phone	

Emergency Contacts (required by the State of Minnesota)

Name 1		Relation		Cell Phone	
	Address			Work Phone	
Name 2		Relation		Cell Phone	
	Address			Work Phone	

Emergency Release / Contact Information

Health Information - Continued

Health Information (requirement by the State of Minnesota)

Primary Doctor

Hospital or Office Number

Doctor Address

Primary Dentist

Office Number

Dentist Address

Allergies

Medications

Other Important Health Information

General Permission Form

St. Peter Community Child Care Center - SP3C

Child's First/Last Name

Permissions

I give permission for my child to leave the Community Center for neighborhood walks conducted by SP3C staff.

Initials

I give permission for my child to be photographed by SP3C staff and used for the purposes selected below.

Initials

- ☐ Facebook
- ☐ Advertising
- ☐ Fundraising
- ☐ Classroom projects/decorations

I give permission for my child to use the selected rooms in the Community Center.

Initials

- ☐ Gym
- ☐ Activity Room (large muscle play)
- ☐ Library (preschool only)

I give SP3C staff permission to apply DIAPER CREAM. Parent/Guardian provides.

Initials

I give SP3C staff permission to apply SUNSCREEN. Parent/Guardian provides.

Initials

I give SP3C staff permission to use WIPES. Parent/Guardian provides.

Initials

I give SP3C staff permission to apply BUG SPRAY. Parent/Guardian provides.

Initials

Parent/Guardian Signature

Date

Photo Release Form

St. Peter Community Child Care Center - SP3C

Child's Information

Child's Name

Parent/Guardian Name(s)

Permission to Use Photographs

I, the undersigned, am the parent or legal guardian of the child named above. I hereby grant SP3C, its employees, agents, and contractors permission to take and use photographs of my child. These photographs may be used for the following purposes (check all that apply):

☐ Internal daycare use (e.g., staff records, displays, or reports)

☐ Daycare website or social media (e.g., Facebook, Instagram)

☐ Marketing or promotional materials (e.g., brochures, flyers)

☐ News articles

☐ Other

☐ I DO NOT give permission to have my child photographed

I understand that photographs may be used on the daycare's website, social media platforms, or other publications. The daycare will take reasonable care to avoid identifying my child by name in these images, unless permission for such identification is specifically granted.

Duration of Consent

I understand that this consent will remain in effect until [choose one: "I revoke it in writing" or "a specified date"]. I also understand that I may revoke my consent at any time by notifying SP3C in writing.

☐ Until revoked in writing

☐ Until specified date

Rights and Privacy

I understand that SP3C will not use the photos for any purposes other than those outlined above without obtaining further consent. The daycare will not sell or distribute photos to third parties without further written consent.

Parent/Guardian Signature

By signing below, I acknowledge that I have read and understood this photo release form. I give permission as indicated above for the use of photographs of my child.

Name (Printed)

Parent/Guardian Signature

Date

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 medication)?			
Is a modified diet necessary?			
Is any condition present that might result in an emergency?			

Status of Child

Vision

Hearing

Speech

Important Health Problems

Health problem	Followed by you	Other medical source	Special attention

Other information helpful to the child care program

Signature of Health Source		Phone	
Date		Address	

Immunization Form

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

Child's Name

Birthdate

Immunization Record

Hepatitis B

Diphtheria, Tetanus, Pertussis (DTaP)

Haemophilus influenzae type b (Hib)

Pneumococcal (PCV)

Polio

Measles, Mumps, Rubella (MMR)

Varicella (chickenpox)

Hepatitis A

Parent / Guardian Instructions

Fill out the dates in chronological order. If your child received a vaccine outside of the age/grade category shown on the original Minnesota form, enter the date in the appropriate vaccine row. You may attach a copy of your child's immunization history instead of completing the dates above.

Parent/Guardian Signature

Date

Clinic / Provider Verification

Clinic / Provider Name

Phone

Signature / Verification

Immunization Exemption & Consent

Minnesota child care immunization documentation

Child's Name

Date

A. Medical Exemption

By my signature below, I confirm that this child should not receive the vaccine(s) identified below because of a medical contraindication or laboratory confirmation of immunity.

Vaccine(s) / reason

Health Care Practitioner Name

Date

Signature

B. Non-Medical Exemption

A child is not required to have an immunization that is against the conscientiously held beliefs of the child's parent or legal guardian. Identify the vaccine(s) below. Non-medical exemptions must be signed and acknowledged before a notary.

Vaccine(s)

Parent/Guardian Name

Date

Signature

Notary / acknowledgment

C. Consent to Share Immunization Information

This section is optional. A parent or guardian may authorize the school or child care program to share the child's immunization record with Minnesota's immunization information system for the purpose of maintaining an accurate record.

☐ I give permission to share my child's immunization record.

Parent/Guardian Name

Date

Signature