

enroll

COMPASS CHILD CARE

Child's Name

Date of Birth

Application Fee Paid

Check # _____

763-381-1616

CompassChildCare.com

CHILD INFORMATION

Child's Full Name	Nickname
Date of Birth	Gender
Child's Address	Program Class
City, State, Zip	Schedule <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Sibling Names & Ages	Hours

PARENT/GUARDIAN

Parent 1	Parent 2
Full Name	Full Name
Workplace	Workplace
Work Phone	Work Phone
Cell Phone	Cell Phone
Email	Email
Address	Address
City, State, Zip	City, State, Zip
Contact First <input type="checkbox"/>	Contact First <input type="checkbox"/>

Provide additional instructions on how a parent can be reached when the child is attending the center.

EMERGENCY CONTACT

For the protection of your child, list the names and phone numbers of those persons you authorize to pick up your child from Compass. Emergency contacts must be friends or other family members who do not live with you and are familiar with your child. Compass will only release your child to adults you designate as authorized. It is our policy to ask all unfamiliar adults for photo identification. Please notify the Teacher and Director if someone other than the primary or secondary parent/guardian will be picking up your child on a given day. If they are not listed and/or they do not have identification your child will not be released. You may adjust this list at any time.

Contact 1	Contact 2
Full Name	Full Name
Phone	Phone
Relationship to Child	Relationship to Child
Address	Address
Authorized to Pick Up <input type="checkbox"/>	Authorized to Pick Up <input type="checkbox"/>

AUTHORIZED TO PICK UP

Full Name	Full Name
Phone	Phone
Relationship to Child	Relationship to Child
Address	Address
City, State, Zip	City, State, Zip
Authorized to Pick Up <input type="checkbox"/>	Authorized to Pick Up <input type="checkbox"/>

If a parent or emergency contact cannot be reached during a minor emergency, Compass will contact 911 and follow the instructions given by emergency personnel. Compass will continue to attempt to contact parents and emergency contacts until they are reached. In the case of a major emergency 911 will be contacted immediately by one staff while additional staff contact the parents. By signing you are stating that you agree to this policy.

Signature	Date	Signature	Date
Full Name		Full Name	

MEDICAL INFORMATION: Doctor

Clinic	Primary Care Doctor
Clinic Address	
Insurance Company	Phone
Policy Number	Group Number
Known Allergies	Medical Needs
<i>See site management for Allergy forms to be completed before your child can attend.</i>	
<input type="checkbox"/> Health Care Summary Attached	<input type="checkbox"/> Immunization Records Attached

MEDICAL INFORMATION: Dentist

Clinic	Dentist
Dentist Address	
Dental Insurance	Phone
Policy Number	

HEALTH INFORMATION

Ongoing Medical Needs
Ongoing Medications
Additional medical notes to be aware of

CHILD’S PHYSICAL DESCRIPTION

Height	Distinguishing Marks
Weight	
Hair Color	Group Care Experience
Eye Color	
Dominant Side	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> Unknown

EMOTIONAL INFORMATION

Describe your child’s normal temperament (happy, quiet, shy, active):

Any behavioral issues your child may have:

List anything your child might fear (puppets, vacuum cleaner):

List anything that we should know that will help your child have an easy transition into our care:

Language spoken at home:

Favorite toys/activities:

Tips for comforting:

Cultures the family considers most important to their identity:

DAILY SCHEDULE/ROUTINES

What are your child's sleeping habits?

Does your child use a pacifier: No Yes Anytime Naptime Only Other

What are your child's eating habits?

Update eating habits as they change with your child's classroom staff or site management.

Additional dietary needs or prescribed diets:

Anything we should know about their current schedule?

Is your child toilet trained? No Yes Totally Trained Occasional Accidents Just starting Other

How does your child communicate with you throughout the day?

Additional Information that will help in the care of your child:

-
- My child has an IEP (furnish a copy of the plan to the director before the first day)
- My child has an allergy (all allergies must be documented with special forms and trainings, and must be completed before your child can attend)

Rate Notes

Parent initials: _____

Staff initials: _____

PARENT POLICIES & TUITION AGREEMENT

Initial:

<p>Tuition: Tuition is due the Thursday before the week services are provided. A late fee of \$25 will be assessed on Friday at noon. If there are 2 weeks with no payment, enrollment will be terminated. Tuition owed will still be due and will be pursued. Tuition is due even if days are missed or in case of holidays or other school closings. Part time schedules are set, and based on availability, Sibling discount is 10% off the oldest child. There are no discounts for Drop-in care. Rates are subject to change and reevaluated each January.</p>	
<p>Additional Fees: Application fee is \$100/child. This fee is Non-Refundable. Field Trips are additional and optional. The cost varies. If your child does not go on the field trip they will join a class that is not attending the field trip and may not be within his/her age group (a preschooler may spend the day in the toddler room)</p>	
<p>Vacation Policy: We offer vacation benefits to all families who have been enrolled for at least 6 months. Account must be in good standing at time of vacation. You will be granted 1 week. The Director must be notified of vacation 2 weeks prior. For this week your child is not at the center, you will not be required to pay tuition. All other times your child is absent (due to illness, holiday, weather, or emergencies) your full tuition will be due. These vacation days may not be broken up; they must be used in a full Monday-Friday increment.</p>	
<p>School closings: We are closed New Year's Day, President's Day, Good Friday, Memorial Day, 4th of July, Friday before Labor Day, Labor Day, Thanksgiving, Friday after Thanksgiving, Christmas Eve and Christmas Day. If the holiday falls on a Saturday, the center will be closed on Friday. If the holiday falls on a Sunday, the center will be closed on Monday.</p>	
<p>Weather: We will follow the local school district for snow related school closings. We reserve the right to close for any safety concerns, including, but not limited to loss of power or extreme weather.</p>	
<p>Staff Recruitment: We know our staff is great! That is why we have invested so much time and finances in interviewing, screening, training, and development. Any family that recruits a member of our staff to work for them as private childcare will be assessed a \$2,000 fee. Outside-of-work-hours babysitting is acceptable and negotiated directly between staff and parents.</p>	
<p>Notice: If you wish to remove your child from our program, a written 2-week notice is required. If you choose to remove your child before 2 weeks have passed you will still be required to pay tuition for those 2 weeks.</p>	
<p>Pick Up/Drop Off: If you arrive after hours, you will be required to pay the staff directly \$1/minute you are late. If child arrives after 10am inform director for staffing and meal purposes.</p>	
<p>Parent/Teacher Conferences: We offer parent/teacher conferences 2 times a year. Parents will receive an assessment of skills for their child at this time.</p>	
<p>Transportation: If you have registered your child for a field trip you are also authorizing Compass to transport your child to and from said field trip. I understand that all licensing guidelines will be followed.</p>	
<p>Diaper Cream: You are authorizing staff to use any diaper cream that is provided by you (parent) as needed. You are authorizing staff to use and apply diaper cream brought in by parent.</p>	
<p>Sunscreen: You are authorizing staff to use any sunscreen that is provided by you (parent) as needed.</p>	
<p>You are authorizing staff to use and apply sunscreen <input type="checkbox"/> Brought in by parent <input type="checkbox"/> Provided by Compass</p>	
<p>Wet Wipes: You are authorizing staff to use wet wipes <input type="checkbox"/> Brought in by parent <input type="checkbox"/> Provided by Compass</p>	
<p>Walking Field Trips/Walks: You are authorizing Compass to take your child on walks. All walks will be supervised above licensing guidelines and will be for educational purposes.</p>	
<p>Photos: You are authorizing Compass to take pictures of your child during classroom activities and field trips. This will be used in-house to document the fun for parents. This includes annual class photos.</p>	
<p>Marketing: Some of the photos we take, we will use on social media and marketing. You have the right to refuse the use of your child's photos.</p> <p><input type="checkbox"/> Yes, you may use photos of my child's face <input type="checkbox"/> online <input type="checkbox"/> in print.</p> <p><input type="checkbox"/> No, I prefer you do not use photos of their face.</p>	
<p>Nurse: We have a monthly visit from a public health nurse. This nurse has complete access to child files.</p>	
<p>Parent Policies Handbook: You are acknowledging that you received the Parent Policies Handbook and you have read them and are agreeing to the policies outlined in the handbook.</p>	
<p>MN State DHS Licensing Guidelines: We are bound to the guidelines laid out by the DHS. If you would like to see these guidelines there is a copy in the office for your review.</p>	

I have read and agree to the Parent Policies list on this page and laid out in the Parent Policies Handbook.

Signature	Date	Signature	Date
Full Name		Full Name	



Child's Name:		
Nickname:	Date of Birth:	Gender:
Parent/Guardian Information		
Parent 1:	Cell:	
	Work:	
Email:		
Parent 2:	Cell:	
	Work:	
Email:		
Emergency Contacts		
Contact 1:	Phone:	
Relationship:		
Contact 2:	Phone:	
Relationship:		
Important Notes:		



Child's Name:		
Nickname:	Date of Birth:	Gender:
Parent/Guardian		
Parent 1:	Cell:	
	Work:	
Email:		
Parent 2:	Cell:	
	Work:	
Email:		
Emergency Contacts		
Contact 1:	Phone:	
Relationship:		
Contact 2:	Phone:	
Relationship:		
Important Notes:		