# Enrollment Information

| | |
|---|---|
| Child's Name: | |
| Birth date: | |
| Street address: | |
| City, State, Zip Code: | |
| Home Phone: | |

| | |
|---|---|
| Mother's (guardian's) name: | |
| Home street address: | |
| City, State, Zip Code: | |
| Home Phone: | |
| E-mail address: | |
| Work street address: | |
| City, State, Zip Code: | |
| Work Phone: | |
| Cellular Phone: | |
| Other (please specify): | |

| | |
|---|---|
| Father's (Guardian's) name: | |
| Home street address: | |
| City, State, Zip Code: | |
| Home Phone: | |
| E-mail address: | |
| Work street address: | |
| City, State, Zip Code: | |
| Work Phone: | |
| Cellular Phone: | |
| Other (please specify): | |

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached and have permission to pick up my child from the center:

| | |
|---|---|
| 1st Alternate Contact: | |
| Relationship to child: | |
| Home street address: | |
| City, State, Zip Code: | |
| Home Phone: | |
| E-mail address: | |
| Work street address: | |
| City, State, Zip Code: | |
| Work Phone: | |
| Cellular Phone: | |
| Is this person authorized to make medical decisions for your child if you cannot be reached? Yes No (Please circle) | |

# Enrollment Information

| | |
|---|---|
| 2nd Alternate Contact: | |
| Relationship to child: | |
| Home street address: | |
| City, State, Zip Code: | |
| Home Phone: | |
| E-mail address: | |
| Work street address: | |
| City, State, Zip Code: | |
| Work Phone: | |
| Cellular Phone: | |
| Pager number: | |
| Is this person authorized to make medical decisions for your child if you cannot be reached? Yes No (Please circle) | |

| | |
|---|---|
| Child's Physician (or name of facility): | |
| Preferred Practitioner: | |
| Street Address: | |
| City, State, Zip Code: | |
| Telephone Number: | |

| | |
|---|---|
| Child's Dentist (or name of facility): | |
| Preferred Practitioner: | |
| Street Address: | |
| City, State, Zip Code: | |
| Telephone Number: | |

**Last DPT**_____

**Medications**_____

**Other significant medical information**_____

I give permission to The Bridges to make whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the center. I give permission to The Bridges to administer IPECAC Syrup to my child in the even of accidental poisoning to induce vomiting. In case of a medical emergency, 911 will be contacted and I understand that my child will be transported by the local emergency unit for treatment if the local emergency resource, (police, rescue squad) deems it necessary. The child will be transported at the expense of the parent. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or adult listed above acting on the parents behalf.

Parent or Guardian Signature_____

Date_____

# Preschool Developmental History



Child's Name _____ Birth date _____

Today's date _____

## Health

Is your child taking any medication? _____ Any allergies? _____

Does your child tire easily? _____

Does he become easily excited? _____

The child's request word or words for using the bathroom _____

Sleep habits: no. of nighttime hours _____ nap _____

Comments _____

_____

Are both parents in good health? _____

Are there any other members of your child's immediate family with a serious health problem?

_____

Does your child have any contagious illness that could impact other children or staff (Malaria, Hepatitis A, Hepatitis B, HIV, AIDS, etc.)? If yes, what? _____

Does anyone help you take care of your child on a regular basis? _____

Is your child right-or left-handed, or undecided? _____

## Emotional Background

What type of discipline works best with your child? _____

_____

What previous group experience has your child had, and what were his reactions? _____

_____

How does your child react to babysitters and new people and situations? _____

_____

What kinds of things can your child do by him/herself? (include feeding, dressing alone, washing hands, using the toilet, tying shoes, etc.) _____

Do you have behavior problems with your child? _____

_____

*Continued*

How do you handle or prevent them? _____

Are you aware of any fears or anxieties your child has? Explain _____

_____

Does your child find it difficult or easy to share possessions with others? _____

Circle the words which best describe your child: confident insecure anxious responsible self-reliant leader follower cooperative loving fearful

## Social background

No. of brothers _____ No. of sisters _____ No. and age of playmates _____

How does your child get along with other children? _____

How much time does your child spend alone each day (excluding TV watching)? _____

Out of doors? _____

Is your child more at home with adults or children? _____

In what situations will your child need the most help? _____

## Special interests

Is your child interested in books? _____

What subjects does he/she ask questions about? _____

About how much time does he/she spend watching TV? _____

What are your child's special interests or abilities? _____

What play materials hold his/her attention the longest? _____

Indoors _____ Outdoors _____

Name and kinds of pets in home _____

Does child have good or poor relationship with pets? _____

Comments: _____

_____

# Child Care Immunization Record

*Must be on file **before** a child attends child care.*

Name: _____

Birthdate: _____ Date of Enrollment: _____

**IMMUNIZATION HISTORY:** Fill in the MO/DAY/YR information for children 2 months of age and older. If child received a combined shot (like Hib-hep B), write the date in all the boxes that apply. Vaccine doses that are circled ◯ are not required by law.

| Diphtheria, Tetanus, Pertussis (DTP) | Vaccine | Dose | MO | DAY | YR |
|---|---|---|---|---|---|
| • 3 doses during 1st year *(at 2-month intervals)*<br>• 4th dose at 12-18 months<br>• 5th dose at 4-6 years or at school entrance<br>*Indicate vaccine type: DTaP or DT.* | | 1 | | | |
| | | 2 | | | |
| | | 3 | | | |
| | | 4 | | | |
| | | ⑤ | | | |

| Polio (IPV and/or OPV) | Vaccine | Dose | MO | DAY | YR |
|---|---|---|---|---|---|
| • 3 doses at 2-18 months<br>• 4th dose at 4-6 years or at school entrance | | 1 | | | |
| | | 2 | | | |
| | | 3 | | | |
| | | ④ | | | |

| Measles, Mumps, Rubella (MMR) | Vaccine | Dose | MO | DAY | YR |
|---|---|---|---|---|---|
| • Required for children 15 months and older<br>• Must be given on or after 1st birthday<br>• 2nd dose at 4-6 years | | 1 | | | |
| | | ② | | | |

| *Haemophilus influenzae* type b (Hib) | Vaccine | Dose | MO | DAY | YR |
|---|---|---|---|---|---|
| • 3-4 doses for children at 2-15 months<br>• 1 dose ≥12 months required (suspended 2008*)<br>• 1 dose for previously unvaccinated children 15-59 months<br>• Not indicated for children 5 years or older | | 1 | | | |
| | | 2 | | | |
| | | ③ | | | |
| | | ④ | | | |

| Varicella (Chickenpox) | Vaccine | Dose | MO | DAY | YR |
|---|---|---|---|---|---|
| • 1st dose between 12-18 months<br>• 2nd dose at 4-6 years or at school entrance | | 1 | | | |
| | | ② | | | |
| | Disease Date: | | | | |

| Pneumococcal Conjugate Vaccine (PCV) | Vaccine | Dose | MO | DAY | YR |
|---|---|---|---|---|---|
| • 2-4 doses for children 2-24 months<br>• Consider for unvaccinated children at 24-59 months in child care<br>• Not indicated for children 5 years or older | | 1 | | | |
| | | 2 | | | |
| | | 3 | | | |
| | | 4 | | | |

| Hepatitis B (Hep B)–required for kindergarten | Vaccine | Dose | MO | DAY | YR |
|---|---|---|---|---|---|
| • 3 doses between birth and 18 months | | ① | | | |
| | | ② | | | |
| | | ③ | | | |

| Rotavirus | Vaccine | Dose | MO | DAY | YR |
|---|---|---|---|---|---|
| • 3 doses at 2, 4, and 6 months | | ① | | | |
| | | ② | | | |
| | | ③ | | | |

| Influenza (LAIV or TIV) | Vaccine | Dose | MO | DAY | YR |
|---|---|---|---|---|---|
| • 1 dose annually for children ≥6 months (1st time influenza immunization requires 2 doses) | | ① | | | |
| | | ② | | | |

| Hepatitis A (Hep A) | Vaccine | Dose | MO | DAY | YR |
|---|---|---|---|---|---|
| • 2 doses separated by 6 months for children 12-24 months | | ① | | | |
| | | ② | | | |

* Suspended due to vaccine shortage 2008

## SIGNATURE(S)

**A. For children who are 15 months or older and who have received all the immunizations required by law for child care:**

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

_____

Signature of Parent/Guardian or Physician/Public Clinic Date

**B. For children who are younger than 15 months or who have not received all the immunizations required by law for child care:**

I certify that the above-named child has received the immunizations indicated to the left and:

☐ will complete the immunizations required by law for child care within 18 months;

and/or

☐ immunization is not indicated for medical reasons or laboratory confirmation of adequate immunity exists for the following immunizations(s)

and/or

☐ the parent/guardian is opposed to certain vaccine(s) as indicated by them in Section C below.

_____

Signature of Physician or Public Clinic Date

**C. If the parent/guardian conscientiously opposes immunizations:**

I hereby certify by notarization that:

☐ I am opposed to all immunizations.

☐ I am opposed to only the vaccines indicated and have had my physician or health care provider complete Section B above. Vaccine(s) I oppose:

_____

_____

Signature of Parent/Guardian Date

Subscribed and sworn to before me this _____ day of _____, 20____

_____

Signature of Notary Public *(A copy of the notarized statement will be forwarded to the commissioner of health.)*

Notary Public Stamp

Minnesota Immunization Program: 651-201-5503 or 1-800-657-3970 (MDH, 6/2008)

# Child Care Immunization Record - Instructions

Immunization information must be on file **before** a child attends child care.

### Who should complete and sign this form?

Who signs depends on the child's age and situation: Either the parent/guardian, physician/clinic, or child care provider can fill in the child's immunization history.

- If the child is at least 15 months old and has had all the shots required by law, a parent or guardian can sign the form in Section A.
- If the child is younger than 15 months or has not had all the shots required by law, a doctor or representative from a public health clinic must sign in Section B.
- If there are medical reasons why a child can't have or doesn't need any shot(s), a doctor or a public health nurse must sign in Section B.
- If a parent or guardian objects to a certain shot, a doctor or representative from a public health clinic must sign the form in Section B, and the parent or guardian must complete Section C and have it notarized by a notary public.
- If a parent or guardian objects to all shots, they must complete Section C and have it notarized by a notary public.

### Notes for Parents

1. **Give your child's immunization history to the child care provider when you enroll.**

   Minnesota law (Minn. Stat.121A.15) requires children enrolled in a Minnesota child care to be immunized against certain diseases or have a legal exemption. This form is designed to provide the child care with the information required by law. This or a similar form must be kept on file with the child care provider.

2. **Keep track of your child's shots, and tell your child care provider each time your child gets a shot.**

   It will save you time if you keep a shot record for each of your children. Be sure to have the record updated each time your child receives a shot.

   Child care will be the first of many times you will need the shot record. You will also need this record for school, camp, college, and if you go to a new doctor or clinic.

3. **If your child is not up to date on his or her shots, you can catch up.**
   By law you have 18 months after enrolling for your child to have all his or her required shots. Your child doesn't have to restart a delayed series.

   Minnesota children are still getting diseases like measles, mumps, and rubella. These diseases are contagious. They can spread rapidly—especially among groups of children who have not received their shots. And some of them, like pertussis (whooping cough), are much more serious for children than they are for adults. As a parent, you can protect your children by making sure they get all their shots. Most shots are due by 2 years of age.

4. **If your child has had chickenpox, he or she does not need a varicella shot.**

### Notes for Child Care Providers

1. **Be sure you have a complete immunization history on file for all children 2 months of age and older.**

   This specific form, or an MDH-approved form, is required by law. If you run a licensed child care facility in Minnesota you must have the information this form contains on file before a child enrolls. If a child enrolls at a younger age, you must obtain immunization information when they reach 2 months of age.

2. **Keep track of the date when each child's required immunizations are due by law.**

   If a child is 2 months of age or older and has not yet received all their required shots, you should note the date when these immunizations will be due by law: 18 months after the child enrolls in your facility.

   Unless otherwise exempt, Minnesota law requires preschoolers in child care to have shots for DTP, polio, MMR, PCV, Hib, and varicella. If the child has had chickenpox disease, he or she does not need a varicella shot. Immunization against hepatitis A, hepatitis B, rotavirus, and influenza are not required by law; however, it is strongly recommended for children in child care.

3. **Be sure each child's immunization history clearly indicates whether or not they received pertussis vaccine.** (DTaP and DTP contain pertussis vaccine; DT does not.)

   Nationwide there has been an increase in pertussis disease (whooping cough). If an outbreak of pertussis disease occurs in your child care center, you will need to be able to quickly identify which children are protected and which are not.

4. **Remind parents to immunize children on time.**
   As a child care provider, you are in an excellent position to help remind parents about immunizations.

   Make sure the immunization records you have on file for each child are up to date, and regularly remind parents when shots are due.

   Ask your local health department for an updated immunization schedule each calendar year, so you will have the latest information on hand.

### Questions?

If you have a question about immunizations, call your clinic or your local public health department.

MINNESOTA MDH DEPARTMENT OF HEALTH

Immunization Program
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-5503 or 1-800-657-3970
www.health.state.mn.us/immunize
IC#140-0163 (MDH,2/2008)

The Bridges Staff has permission to apply sunscreen to my child(ren)

_____ _____

_____ Date:_____

Parent Signature

The Bridges Staff has permission to apply sunscreen to my child(ren)

_____ _____

_____ Date:_____

Parent Signature

# 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 medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

_____

What is the status of the child's. . . Vision _____

Hearing _____

Speech _____

Please list below the important health problems

| Important Health Problems | Followed By You | Followed By Other Med Source (Name) | Requires Special Attention at Center |
|---|---|---|---|
| | | | |
| | | | |

Other information helpful to the child care program _____

_____

_____

Phone _____

**Signature of Health Source** _____ Address _____

**Date** _____ _____

DHS-0250AA/KS(9-97)

# Photography Release for Minor Child or Children

I hereby authorize (The Bridges), hereafter referred to as "Company," to publish photographs taken on (_____) of myself and/or the minor child or children listed below, and our names and likenesses, for use in the (The Bridges)'s print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless (The Bridges) from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize (The Bridges) to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release (The Bridges), its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

**Authorization:**

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Children: _____

**Names and Ages of Minor Children:**

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____