

Parents should understand...

... that your child may participate in occasional swimming events that will be supervised by qualified life guards at all times in addition to program staff.

... that your child may be included in a publicity video or printed media for district use. If you do NOT wish your child to be included, please speak to program staff.

... that your child will participate in periodic field trips which will be supervised by program staff and of which you will be informed in advance regarding date, time, destination and method of transportation.

... that your child may participate in spur-of-the-moment walking field trips while in attendance. Program staff is not liable or responsible for any accidents or injuries which may occur.

... that Syrup of Ipecac will be administered in the case of accidental poisoning under the direction of Poison Control.

... that staff will take whatever emergency measures are judged necessary for the care and protection of your child while under our supervision, per parent handbook. In a life-threatening emergency, 911 will be called first. Any expenses incurred will be the responsibility of the child's family.

Terms and Conditions

- ◆ All tuition for Discovery Days is paid in advance of care. Tuition is due by 5:00 p.m. on the first day of class each week.
- ◆ Past Due accounts not brought current by the 2nd week will result in suspension from the program.
- ◆ If your child attends days or sessions in addition to the contracted time parent must purchase Drop In Care.
- ◆ There is no reduction in tuition charges or related fees for vacations, snow days, and delays or closures due to emergencies or inclement weather or suspension status.
- ◆ Contract changes must be for a minimum length of two weeks and are subject to the required two-week rule EXCEPT for September changes which must be into CE office by August 12 to take effect September 6. Schedule changes resulting in a reduction of care for less than a two-week period are not eligible for contract changes or tuition adjustments.
- ◆ Lack of attendance is not acceptable notice and tuition will continue to be assessed per the contract rate until written notice is received.
- ◆ The signatory on this contract bears the responsibility for payment of the child's account regardless of child care assistance status, child support agreements, legal family arrangements, third party agreements, or whether or not child is in attendance on contracted and/or registered days.
- ◆ Any fees incurred during the collection process will be assessed to the account.
- ◆ Children dropped off or picked-up outside of our established hours will be assessed early/late fees.
- ◆ As a courtesy an annual statement of amounts paid to Discovery Days will be provided to parents currently registered in the program during January or February for tax purposes. A fee will be charged for replacement copies.

◆ **All contract changes must be WRITTEN and into the CE office by the 20th of the month in order to take effect on the first of the next month (mail, in-person, FAX 763-795-5914 or email to InfoCS@district16.org are all acceptable). Changes will only take effect on the first of any given month.**

Discovery Days is CLOSED on the following 2011-12 days:

Monday, September 5
 Thursday & Friday, November 24-25
 Friday & Monday, Dec 23 & 26
 Monday, January 2
 Monday, January 16
 Monday, February 20
 Friday, April 6
 Monday, May 28

Discovery Days 2011-12 Confidential/Emergency Information

Discovery Days complies with State and Federal data privacy laws. Information gathered from this form is shared with the Discovery Days staff in order to serve your child properly and to help provide a safe and fun experience for your child. Information regarding families who are funded by County/other programs may be shared with those agencies as required.

Child's Name: _____
First
MI
Last

Gender: M F Birthdate _____ Site: NP WC
MMDDYY

	Parent/Guardian #1 Information <small>(this is the person with whom child resides and is responsible for account)</small>	Parent/Guardian #2 Information
Print First, Last Name		
Email Address		
Home Phone		
Daytime Phone	<i>circle one:</i> cell work	<i>circle one:</i> cell work

Emergency Contact 1	Emergency Contact 2
Name	Name
Phone(s)	Phone(s)
Relationship	Relationship

Court-restricted Contact: *This person cannot pick-up child. Copy of court order is required.*

Medications and doses this child takes on a regular basis. <i>You will need to complete a medication request for each medication; children are not allowed to take ANY medication including over-the counter medicine without a signed request form.)</i>	
Does this child have any diet restrictions or food allergies?	No Yes: please describe:
Does this child have any allergies affected by insect sting/bite or other internal/external factor?	No Yes: please describe:
Does this child receive special services in the school he/she attends?	No Yes: please describe:
If this child has a disability that you believe will require individual consideration for accommodation and /or support services, please indicate here so we can arrange to meet with you to discuss these needs.	<input type="checkbox"/> Please call to schedule a meeting <input type="checkbox"/> Accommodation and/or support services are not required
Please tell us about this child's interests and interactions with peer/adults. Information provided will help staff to prepare this child's successful participation in the program.	

The information provided above is true and accurate.

Parent Signature (required) _____ **Date** _____



Discovery Days

1415 81st Ave. NE
Spring Lake Park, MN 55432
(763) 786-1338

**Have Health care provider
return to Discovery Days by
the first day of class.**

Health Care Summary

(To be completed by health care source)

Date of enrollment _____

Name of child _____ Birth date _____

Address _____ Home telephone _____

Date of last physical examination _____ How long have you been seeing this child? _____

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?

What is the status of the child's: Vision _____
Hearing _____ Speech _____

Please list below any important health problems. Indicate if you or someone else is following this child for the problem, and check which problems require special attention at the preschool center.

<u>Important Health Problems</u>	<u>Followed by You</u>	<u>Followed by Other Source (name)</u>	<u>Requires Special Attention</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the Preschool Program _____

Signed (source of health care)	Associates or Clinic
Date _____	Address _____

Immunization Record

FOR DAY CARE USE ONLY

- Complete minimum number of doses have been received
- Up to date for age; next dose due _____
- In process; 18 month expires _____
- Medical exemption for * _____
- Conscientious objection for * _____

Minnesota Statute 1989, Section 123.70 requires that all children who are enrolled in a Minnesota day care facility be immunized against diphtheria, tetanus, pertussis, polio, measles, rubella, and mumps, allowing for certain specified exemptions*. This form is designed to provide the facility with information required by the law and will be available for review by the Minnesota Departments of Health and Human Services and the local community health board and social service agency. The dates of all immunizations administered after January 1, 1990 must include month, day, and year.

* refers to specified exemptions on reverse side



Community Education Photo/Video/Web Release Form

From time to time, students, parents and participants are photographed and/or video-taped while participating in Community Education event, activities, and classes. We seek your permission as parent/guardian and/or consenting adult to use images in print and non-print publications, both for images we take and for images submitted to us.

Photo Release for Person Under 18 (to be signed by parent/guardian)

Yes, I give permission for my child (print name) _____ to be included in television or still photographs representing Spring Lake Park Schools Community Education programs. Photos/images may appear in newsletters, promotional, and program materials.

No, I do not give permission for my child (print name) _____ to be filmed or his/her image used.

Signature of parent/guardian _____ Date _____

Print name of parent/guardian _____

Photo Release for Person Over 18 (to be signed by consenting adult)

Yes, I give permission for myself (print name) _____ to be included in television or still photographs representing Spring Lake Park Schools Community Education programs. Photos/images may appear in newsletters, promotional, and program materials.

No, I do not give permission for myself (print name) _____ to be filmed or my image used.

Signature _____ Date _____

You have the right to change your consent by sending a written request to Community Education Office, 1415 81st Ave. NE, SLP 55432

Parents: Please select ✓one response to the following required information:

How did you hear about Discovery Days?

- Word of Mouth
- Community Education Brochure
- Flyer
- Early Childhood Brochure
- eNews or eMail
- District 16 website
- Already in programming/Other



Auto Pay Option Request 2011-12

Date: _____

PRINT Parent Name as it appears on credit card: _____
first MI last

Address _____ / _____
Street City Zip best daytime phone

Email _____ Card#: _____ exp _____
 MMYY

Account Type: VISA MasterCard Discover Credit Card **or** DEBIT Card

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Community Education currently accepts payment of monthly program fees via credit or debit cards, checks, or cash. **Beginning in Fall 2011-12 all payments may require a credit card or cash payment only.** Use this form to authorize automatic payment of your account by Community Education.

- *The information provided on this form will not be used for any other purpose than that specifically requested.*
- *Information provided will be kept in a secure area. No unauthorized person(s) shall have access to this information and no information will be shared with any other group, department, or organization.*

Indicate each child and each program you wish to designate automatic payment(s) using the card as shown above.

PRINT Child's First and Last Name	Learning Ventures Child Care (First of each month)	Discovery Days Child Care (Monday of each week)	Preschool or Preschool Partners (First of each month)	Other (identify)

I hereby authorize Spring Lake Park Community Education to charge my designated credit/debit account for payments to the above-indicated program(s). I will notify Community Education immediately if I have a new expiration date or if my credit card information changes (i.e. lost/stolen card, declined charge, etc). I understand I may be charged up to \$15 if Community Education needs to contact me regarding my credit card payment.

Signature _____
REQUIRED