

## Birch Grove Community Service Saplings Enrollment Information

**Child's Legal Name:**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

*(Email address is for Brightwheel Billing and to send home information)*

Parent/Guardian 1: Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian 2: Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone # \_\_\_\_\_

List of Person(s) authorized to pick up your child from Saplings:

\_\_\_\_\_

If we are not able to contact parent/guardians, please give a list of relatives, family or friends for us to contact who will care for your child if ill:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Does your child have updated immunizations: \_\_\_\_\_ Please submit records.

Does your child have special circumstances we should know about (example: Special Education IEP, allergies, etc.)?  
  
\_\_\_\_\_

**Data Privacy Tennessee Notice:**

Birch Grove Community School/Service (BGCS) is asking you to provide information, which includes private information, under the Minnesota Government Data Practices Act (MGDPA). BGCS is asking for this private information so that we can fulfill your request to enroll your student at BGCS.

This information will be used to enroll your student at BGCS, create a student file, and fulfill state and federal reporting requirements. This information will also be used to appropriately assist your student in the event of an emergency.

You are not legally required to provide the information that BGCS is requesting and you may refuse to provide some or all of the information requested. However, BGCS may not be able to process your student application for enrollment if you do not provide sufficient information. Failure to provide certain information could result in delays, incorrect enrollment, or cause your student to not be enrolled.

With some exceptions, unless you consent to further release of private information, access to this information will be limited to individuals whose jobs reasonably require access to this information and school officials with an educational need to know. However, state and federal law authorizes release of private information without your consent: to the juvenile justice system, the Minnesota State High School League and if required by a court order, or authorized by other state or federal law.

Parent/Guardian Signature: \_\_\_\_\_

# Admission and Arrangements

PLEASE PRINT. Complete one form for each child in care. This form must be kept on file at the family child care home. Please Note: Pursuant to MN Rules 9502.0405, subpart 4, the provider shall obtain the required information for each child prior to admission and keep the information up to date.

## CHILD INFORMATION

Last Name		First Name		Birthdate (mm/dd/yyyy)		Date Enrolled in Care	
Address			City		State		Zip Code

## PARENT OR GUARDIAN # 1

Last Name		First Name		Place of Employment and Work Phone No.			
Address of Employer			City		State		Zip Code
Email				Home Phone		Cell Phone	
Address (if different from child)			City		State		Zip Code

## PARENT OR GUARDIAN # 2

Last Name		First Name		Place of Employment and Work Phone No.			
Address of Employer			City		State		Zip Code
Email				Home Phone		Cell Phone	
Address (if different from child)			City		State		Zip Code

## EMERGENCY CONTACT FOR CHILD IF PARENTS CAN'T BE REACHED One Contact Required

Last Name		First Name		Relationship and Phone Number			
Address			City		State		By checking I am authorizing this person to pick up my child <input type="checkbox"/>
Last Name		First Name		Relationship and Phone Number			
Address			City		State		By checking I am authorizing this person to pick up my child <input type="checkbox"/>
Last Name		First Name		Relationship and Phone Number			
Address			City		State		By checking I am authorizing this person to pick up my child <input type="checkbox"/>

## EMERGENCY INFORMATION FOR CHILD

Hospital to be used for emergencies		Physician's Name		Telephone			
Address			City		State		Zip Code
Dentist to be used for emergencies		Dentist's Name		Telephone		If you don't have a dentist yet for your child, check this box <input type="checkbox"/>	
Address			City		State		Zip Code

## CHILD CARE PROVIDER

Name		License #	
Address	City	State	Zip Code

## ARRANGEMENTS

Financial Arrangements

Services Provided (Including Days, Hours, Meals, Etc.)

Special Conditions (Special Diet, Special Needs)

Does Your Child Have Allergies      YES       NO       NOTE: If Yes, Complete the [Allergy Information Form](#)

## LIABILITY INSURANCE NOTIFICATION

Pursuant to 245A.152(a) A license holder must provide a written notice to all parents or guardians of all children to be accepted for care prior to admission stating whether the license holder has liability insurance. This notice may be incorporated into and provided on the admission form used by the license holder. Select one of the options below.

I do have liability insurance. A current certificate of coverage of insurance is available for inspection to all parents and guardians of children receiving services and to all parents seeking services from the family child care program. The expiration date is:

I do not have liability insurance

## PERMISSIONS

AUTHORIZATION IS HEREBY GIVEN TO THE CHILD CARE PROVIDER AS NAMED IN THE ITEM ABOVE, TO PROVIDE TRANSPORTATION FOR MY CHILD  
Yes       No

ANY SPECIAL TRAVEL ARRANGEMENTS

I have received a copy of the maltreatment of minors mandated reporter policy

AUTHORIZATION IS HEREBY GIVEN TO THE CHILD CARE PROVIDER AS NAMED IN THE ITEM ABOVE, TO OBTAIN EMERGENCY MEDICAL CARE OR TREATMENT IN THE EVENT OF AN EMERGENCY      Yes       No

**AUTHORIZATION:** We the undersigner hereby agree to abide by the arrangements and authorizations so stated above. We have discussed the information required in the rule part 9502.0405

Signature of Child Care Provider	Date
Signature of Parent / Guardian	Date
Signature of Parent / Guardian	Date



Birch Grove Community School  
Post Office Box 2383  
Tofte, MN 55615  
(218) 663-0170 – Fax (218) 663-7904

## UNIVERSAL OFF CAMPUS PERMISSION FORM

I hereby grant permission for my child \_\_\_\_\_ to participate in classroom field trips, walking trips, bussed field trips, and special classroom activities that may include leaving the school campus. Unless I send a note specifically to exclude my child from any of the above activities, my child will be allowed to accompany his/her class.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## PHOTO RELEASE FOR MINORS

I, being the Parent/Guardian of \_\_\_\_\_, hereby consent that the photographs of Birch Grove Community School/Community Service activities in which she/he appears may be used by Birch Grove Community School/Community Service, its assigns or successors, in whatever way Birch Grove Community School/Community Service may desire, including but not limited to, audiovisual productions, television, website production, brochures, other media, and other uses as Birch Grove Community School/Community Service deems appropriate.

Birch Grove Community School/Community Service shall not be obligated to provide me with any prior notice of the use of these photographs or films. Furthermore, I hereby consent that such photographs and the plates or films from which they are made shall be the property of Birch Grove Community School/Community Service and that Birch Grove Community School/Community Service shall have the right to duplicate or reproduce such photographs and plates as it may desire, free and clear of any claims whatsoever on my part.

As the Parent/Guardian of \_\_\_\_\_, I have the authority to sign on behalf of my child in this matter.

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Signature of Parent/Guardian



## **Birch Grove Community School Internet Access Form**

Dear Birch Grove Parents/Guardians:

Birch Grove Community School students use computers/iPads and the internet as a part of our educational program. The internet use is monitored by school staff. We do have a content filtering service to deny access to inappropriate or offensive internet sites. It is, however, virtually impossible to deny access to all sites that parents may feel are inappropriate. If your child experiences access to any sites deemed inappropriate, please let the school know immediately. The site will be reviewed and appropriate action taken.

Email accounts will not be set up for the students.

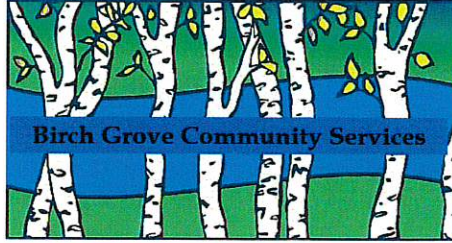
Please check the appropriate box below, and sign and date this form.

- Yes, allow my child access to the internet
- No, my child is not allowed to access the internet

\_\_\_\_\_  
Student name

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_





## Report Notification Policy – Licensed Child Care Programs

The following form is required by the state to be held in every child's file that participates in our Community Education programs.

### Mandated Reporting:

The reporting of suspected child abuse is a personal obligation as well as a professional and legal one. Minnesota Statute 245A.145, Subdivision 1 requires that any school personnel or child care provider report any form of physical, sexual, or emotional abuse or neglect of any child. When any member of the Birch Grove Community Service/School team have reason to believe, or suspect maltreatment has occurred, we will *immediately*, meaning as soon as possible but definitely within 24 hours, contact and make a report to the following:

1. Cook County Public Health & Human Services- Child Protection 218-387-3620
2. Local Law Enforcement- 218-387-3030
3. Cook County Child Care Licensing- 218-387-3604
4. Lake County Public Health & Human Services Silver Bay Center- 218-226-4443

### Complaints about the program:

Minnesota Statutes 245A.145, Subdivision 1 also requires that parents be informed where they may make concerns or complaints known about the care in the program. Communication between parents and providers is essential to provide consistent, nurturing care. We are confident that we can work with you regarding any concerns you may have. If concerns cannot be satisfactorily resolved you may address your concerns with the following agencies:

1. Cook County Public Health and Human Services- Child Protection 218-387-3620
2. Cook County Child Care Licensing- 218-387-3604
3. Lake County Public Health & Human Services Silver Bay Center- 218-226-4443

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Parent Signature

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Date

# Immunization Form

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Vaccine	Name		Birthdate		
	Birth to 6 months	12-24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B					
Diphtheria, Tetanus, Pertussis (DTap, DT, Td)					
<i>Haemophilus influenzae</i> type b (Hib)					
Pneumococcal (PCV)					
Polio					
Measles, Mumps, Rubella (MMR)					
Chickenpox (varicella)					
Hepatitis A					
Tetanus, Diphtheria, Pertussis (Tdap)					
Meningococcal (MCV4)					

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

### Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.



Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name \_\_\_\_\_

**1. Document a medical and/or non-medical exemption (A and/or B).**

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

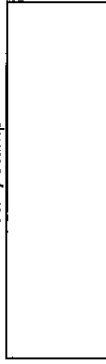
By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me on \_\_\_\_\_ (date)

Notary Stamp



by \_\_\_\_\_ (name of parent or guardian)

Notary Signature: \_\_\_\_\_

STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*)

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

Minnesota Department of Health - Immunization Program (2013)

**3. Consent to share immunization information:** This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)