

LASTING IMPRESSIONS CHILD CARE LEARNING CENTER ENROLLMENT CONTRACT

\_\_\_\_\_ DOB: \_\_\_\_\_ Start Date: \_\_\_\_\_ Classroom: \_\_\_\_\_

Child's Name \_\_\_\_\_

\_\_\_\_\_ Place of Employment \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

FEE SCHEDULE: Age Group \_\_\_\_\_ # Days per Week \_\_\_\_\_ Deposit Amount: \$ \_\_\_\_\_

**DEPOSIT:** A one-week deposit equal to one week tuition must be paid when a position has been accepted. In order to hold the position, the fee must be paid. If the position is declined after the fee is paid, the fee is non-refundable. At the time of enrollment, the deposit will be applied to the last week of attendance. If a 16 day written notice for withdrawal of enrollment is not given, the entire deposit will be forfeited.

**TUITION:** All payments are due Friday prior to the week of service. There is a \$20 weekly late fee that will be applied to any account not kept current. Tuition payments are paid using EFT (electronic funds transfer). Utilizing EFT avoids late payment fees and the use of paper checks.

**LATE PICK UP:** Tuition covers 7:00 am – 6:00 pm. After the scheduled building closing time of 6 pm a fee of \$20 will be charged for the first 15 minutes of care per child, \$1.00 per minute will be charged for every minute thereafter per child. This fee will be applied directly to your account.

**FIELD TRIPS:** Field trips are a part of the Preschool program. Field trip expenses are NOT included in tuition fees. It is necessary that a permission form is signed prior to each trip.

**ABSENCE:** Refunds or credits will not be given for absences.

**SECURITY:** DO NOT allow your child or other adults either access to the code or the opportunity to enter the code. We want to ensure our environment is safe on a daily basis. There are security entry key pads on both levels.

**ADDING A DAY:** Part-time families may request to add a day during the week on an occasional basis. Prior written notice is required to add a day of child care; forms are available at the sign-in counter. There is a set rate per child depending on the child's age group. Requests will be honored or denied based on availability of space and staffing on the particular day being requested.

**HOLIDAYS:** We are open year around Monday through Friday 7:00 am – 6:00 pm. We are closed one day in the spring and one day in the fall for staff training. The center is also closed on the following holidays: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day and the day after Thanksgiving, Christmas Eve, and Christmas Day.

**CLOSINGS:** In case of severe weather, we will post the closing on the local television stations. In rare instances the center may close early due to severe weather. A classroom teacher will call you and inform you of the early closing.

**ABUSE/NEGLECT:** If a child is suspected to be a victim of child abuse, neglect or in danger of abuse or neglect, all employees of Lasting Impressions are mandated by the State of Minnesota to report such information.

**PARENT HANDBOOK:** Parents are expected to be familiar with the Lasting Impressions procedures stated in the parent handbook.

**EXCLUSION:** See the parent handbook for our exclusion policy.

I have read and agree to the terms listed above: \_\_\_\_\_


Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

TUTION AND RATE SCHEDULE

Hours of Operation: 7 am to 6 pm Monday - Friday



| <i>effective 08/31/20 to 8/29/2021</i> | 5 Days | 4 Days | 3 Days | 2 Days | Add a Day |
|--|--------|--------|--------|--------|-----------|
| Infants                                | \$369  | \$354  | \$286  | \$218  | \$95      |
| Young Toddlers                         | \$354  | \$334  | \$270  | \$208  | \$90      |
| Toddlers                               | \$334  | \$318  | \$260  | \$198  | \$85      |
| Preschool                              | \$308  | \$293  | \$238  | \$188  | \$80      |
| School Age                             | \$200  |        |        |        |           |

- Application Fee: \$75 Per family, non-refundable, due at time of application for enrollment
  - Annual Registration Fee: \$85 Per family, non-refundable
  - Late Payment Fee: \$20 Per week, tuition is late after 6 pm the Friday prior to the week of service
  - Late Pick Up: \$20 Per child for first 15 Minutes, \$1 per minute after first 15 minutes
  - Tuition Fee: Due Friday prior to the week of service
  - Tuition Deposit: Equal to one week of tuition; due prior to initiation of service
  - Withdrawals: A written 16 day notice is required for any refund of tuition deposit
  - Return Check Fee: \$25 Per check
  - Field Trips/Special Events: Additional fee, permission given in advance
-  Darker blocked boxes = limited availability

**Refer to Family handbook for specifics and additional information on payment policies.**

|                               |       |
|-------------------------------|-------|
| Parent/Guardian Signature:    | _____ |
| Parent/Guardian Printed Name: | _____ |
| Date:                         | _____ |

Lasting Impressions Child Care Learning Center

**ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK**

I \_\_\_\_\_ (Parent / Guardian Name) have received and read the Lasting Impressions Child Care Learning Center Parent Handbook. I understand the policies and procedures given to me and agree to adhere to all program policies. Please note: Lasting Impressions' policies and procedures are subject to change to reflect the needs of the program, children and families we serve. We may also make changes or modifications in our policies if required by our licensing agencies. Lasting Impressions will inform parents of changes taking place whenever possible in a timely fashion.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF EMERGENCY PLAN**

I \_\_\_\_\_ (Parent / Guardian Name) have received and read the Lasting Impressions Child Care Learning Center Emergency Plan. I understand the plan given to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Lasting Impressions Child Care Learning Centers accepts tuition payments through electronic check transfers (EFT) for weekly tuition payments.

**PROOF OF AUTHORIZATION**

I (we) hereby authorize Lasting Impressions Child Care Learning Center, hereinafter called LI, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to initiate a debit entry equal to or less than \$\_\_\_\_\_. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
City/State/Zip

PLEASE ATTACH A VOIDED CHECK

Type of Account: \_\_\_\_\_ Checking                      \_\_\_\_\_ Savings

Tuition will be deducted every 7 days

This authority is to remain in full force and effect until LI has received written notification from me (or either of us) of its termination in such time and manner as to afford LI and Financial Institution a reasonable opportunity to act on it.

I am a duly authorized check signer on the Financial Institution account identified above, and authorize all of the above as evidenced by my signature below.

\_\_\_\_\_  
Print Individual Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print E-mail address: \_\_\_\_\_

Payment receipts will be e-mailed to you

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**



2515 Wabash Avenue, St. Paul MN 55114  
Phone: 651-227-9409 Email: director@lastingimpressionscc.net

| HEALTH CARE SUMMARY<br>(Must be completed by health care provider) |             |                                      |
|--|-------------|--------------------------------------|
| Child's Name:  | Birth Date: | Lasting Impressions Enrollment Date: |
| Address:   |             | Phone Number:                        |
| Parents/Guardians:   |             |                                      |

Physical Findings (N= Normal; AB = Abnormal)

|              |             |        |                |
|--------------|-------------|--------|----------------|
| VISION       | HEARING     | SPEECH | CARDIOVASCULAR |
| NEUROLOGICAL | MUSCLE TONE | JOINTS | SKIN           |

Assessments: \_\_\_\_\_  
\_\_\_\_\_

Does this child have allergies? Yes / No If yes, specify: \_\_\_\_\_  
\_\_\_\_\_

Modified Diet or Recommendations: \_\_\_\_\_  
\_\_\_\_\_

Is there a condition which may result in an emergency: Yes / No If yes, specify: \_\_\_\_\_  
\_\_\_\_\_

Emergency Plan: \_\_\_\_\_  
\_\_\_\_\_

|   |                             |                               |
|---|-----------------------------|-------------------------------|
| Important Health Problems:                    | Followed By (Name & Title): | Special Care Needed at Center |
|   |                             |                               |
|   |                             |                               |
| How often do you see this child when not ill: |                             | Name of Clinic:               |
| Address:                                      |                             | Phone Number:                 |
| Signature of Health Care Provider:            | Date of Physical Exam:      | Date Form Completed:          |

# 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.

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

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

Birth to 6 months

12 -24 months

At Kindergarten

At 7th grade

At 12th grade


| Vaccine                                       | Birth to 6 months | 12 -24 months | At Kindergarten | At 7th grade | At 12th grade |
|---|-------------------|---------------|-----------------|--------------|---------------|
| Hepatitis B                                   |                   |               |                 |              |               |
| Diphtheria, Tetanus, Pertussis (DTaP, DT, To) |                   |               |                 |              |               |
| <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.



Owned and Operated by  Ohana Service Associates, LLC.

## Multi Media Release Form

There are many times when we have a last minute media opportunity. The topics may range from a political issue to child care, quality care issues, toys, playground safety, etc. Sometimes, we also can have the opportunity to participate in events with *Sunrise Banks* and they might take video or photographs of us. When it is possible, we will give a prior notice and no photos will be identified by name without permission.

\_\_\_\_ I give my permissions for my child, \_\_\_\_\_ to participate in media coverage at LASTING IMPRESSIONS and at events associated with LASTING IMPRESSIONS.

**OR**

\_\_\_\_ I do not wish to have my child, \_\_\_\_\_ participate in any media coverage.

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Date

## In-House Photography Authorization and Release

LASTING IMPRESSIONS {\_\_\_\_ does \_\_\_\_ does not} have my permission to take and use photographs of my child \_\_\_\_\_ for in house, such as parent gifts, bulletin boards, greeting cards, website, etc. Including permission of videos and photos of my child, while at Lasting Impressions, to post on the *Lasting Impressions Child Care Learning Center* Facebook page.

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Date

# Non-Prescription Medication Products Authorization Only

FORM M-400

All over-the-counter (OTC) products need parental permission for administration. However, some of these external products do not need to be documented every time you use them. The following is a list requiring parental permission only.

## TO BE COMPLETED BY PARENT

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Program Name: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

The following external products may be applied to my child in accordance with the manufacturers instructions on the original container:

- \_\_\_\_\_ Diaper wipes
- \_\_\_\_\_ Diaper creams, ointments
- \_\_\_\_\_ Skin lotions/creams/vaseline: specify if special brand: \_\_\_\_\_
- \_\_\_\_\_ Baby oil; (baby powder is not recommended due to inhalation hazards)
- \_\_\_\_\_ Soap, Brand Name: \_\_\_\_\_
- \_\_\_\_\_ Sunscreen: specify if special brand: \_\_\_\_\_
- \_\_\_\_\_ Insect repellants: specify if special brand: \_\_\_\_\_
- \_\_\_\_\_ Lip balm
- \_\_\_\_\_ Chemical hand sanitizers
- \_\_\_\_\_ Toothpaste (an internal product but does fall under this category)
- \_\_\_\_\_ Other - please specify: \_\_\_\_\_

NOTE: Teething gels are considered OTC medications not products (use **Form M-200**) Teething gels are not recommended and need to be used with extreme caution. They have been known to numb the throat which causes a potential choking hazard.

**Parents/Guardian's signature required:** \_\_\_\_\_

\* Unused products: Returned to parents? Yes / No or, discarded appropriately (circle one)

by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**\*Keep this form in the child's file when medication is finished.**

**All oral OTC medications need Prescription (Form M-200) or Non-Prescription (Form M-300) Medication Authorization/Administration Form completed.**





## WALK PERMIT

We will be taking the children out on walks throughout the surrounding neighborhoods weather permitting. We feel that walks are an integral part of our program and are incorporated into all age groups. Walks are often scheduled into weekly lesson plans, but may also occur spontaneously as we have nice MN weather days. Walks to local buildings/offices will be considered field trips; your child's teacher will require that you sign an additional permission form for these outings.

I give permission for my child, \_\_\_\_\_,  
(print first and last name)

to join his/her class during outings throughout the surrounding neighborhoods when in attendance at Lasting Impressions.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



## PARENTAL CONSENT FORM FOR SUNSCREEN APPLICATION

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Child (Please Print): \_\_\_\_\_

As the parent/guardian of the above child, I give my permission for the staff at Lasting Impressions to apply Rocky Mountain Sunscreen SPF 50 to my child, as specified below, when he or she will be playing outside, during the months of April through September and between the hours of 10:00 am and 4:00 pm.

I further understand that sunscreen may be applied to exposed skin, including but not limited to face, tops of ears, nose, bare shoulders, arms and legs.

I have checked all applicable information regarding the type and use of sunscreen for my child:

I do not know of any allergies or allergic reactions my child may have to Rocky Mountain Sunscreen SPF 30 or 50. (Ingredients are listed on back side of this document)

Staff may apply Rocky Mountain Sunscreen SPF 30 or 50, certified by the AMC Cancer Research Center as a top quality sun protection product; to my child as described above.

Please wait until my child is 6 months of age before sunscreen is applied per the recommendation of my child's pediatrician.

**NO. DO NOT APPLY ROCKY MOUNTAIN SUNSCREEN TO MY CHILD UNDER ANY CIRCUMSTANCES. USE THE SUNSCREEN I HAVE PURCHASED AND LABELED FOR MY CHILD.** (please label sunscreen with first & last name)

**NO. DO NOT APPLY SUNSCREEN TO MY CHILD UNDER ANY CIRCUMSTANCES. I UNDERSTAND THE RISK OF MY CHILD POTENTIALLY GETTING SUNBURN BY NOT USING SUNSCREEN.**

Parent/Guardian's Full Name (Please Print):

\_\_\_\_\_

Parent/Guardian's Signature:

\_\_\_\_\_

**Lasting Impressions Emergency & Medical Information**

Child's Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Persons Authorized to Pick up your Child and Have Access to Health Information**

Two different contacts other than parents/guardians are required as emergency back-up

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Person(s) Unauthorized to pick up your Child**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Physical Description \_\_\_\_\_

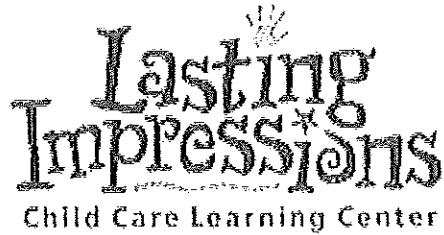
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Physical Description \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies/Medical Problems: \_\_\_\_\_

Meds to Administer: \_\_\_\_\_ Meds to Avoid: \_\_\_\_\_

**--Continued on Back Side--**



## USE OF A COT DURING NAP TIME

Once your child transition's out of the infant classroom your child will sleep on a cot for the remainder of their early childhood years at Lasting Impressions.

I, \_\_\_\_\_ give permission for the staff  
Parent/Guardian Printed Name

at Lasting Impressions to allow my child \_\_\_\_\_  
Print child's first and last name

to sleep on a cot during nap time with his/her peers in the classroom.

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

\_\_\_\_\_  
Date