

# Kids Place Summer Registration Form

Date child entered care \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street City Zip Code

1. Parent/Guardian's name: \_\_\_\_\_ Main Phone # \_\_\_\_\_

## Address & Phone Number of where you can be reached while child is in care:

\_\_\_\_\_ Phone # \_\_\_\_\_  
Street City Zip

2. Parent/Guardian's name: \_\_\_\_\_ Main Phone # \_\_\_\_\_

## Address & Phone Number of where you can be reached while child is in care:

\_\_\_\_\_ Phone # \_\_\_\_\_  
Street City Zip

**In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them.**

**Persons listed also have my permission to pick up my child from child care. Please list the full address when completing. Authorized Pick Ups must be at least 16 years of age and will be required to show identification when picking up the child. Must list at least two other than parent/guardians.**

Name & relationship to child	Full Physical Address	Phone #

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

## Who does NOT have permission to pick up your child? If applicable (A copy of supporting court document must be on file)

Name	Reason

## Child's Health Information

Child's Healthcare Provider: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Child's Dental Health Provider: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

Allergies, including drug reactions: No ( ) Yes ( ) If yes, specify below.

\_\_\_\_\_

Regular Medications? No ( ) Yes ( ) If yes, specify below.

\_\_\_\_\_

Medical Interventions needed at school:

- ( ) Contacts      ( ) Glasses      ( ) Hearing Aids (right / left / bilateral)  
( ) Inhaler      ( ) Nebulizer      ( ) EpiPen      ( ) Tube feeding

### HIGH RISK HEALTH CONDITIONS:

- ( ) Asthma    ( ) Bee Sting Allergy    ( ) Diabetes    ( ) Seizures/Epilepsy    ( ) Food allergy

Please specify: \_\_\_\_\_

\_\_\_\_\_

### Consent to medical care and treatment of minor children:

I give permission for my child, \_\_\_\_\_, may be given first aid/emergency treatment by the child care staff at: **HOLY TRINITY KIDS PLACE, 80 EDWARD STREET, PIERZ, MN 56364.**

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

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Minnesota that this information is true and correct.

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

## Payments & Fees

To register: turn in registration forms (one per child) and the \$20 registration fee (per family) to:  
HT Kids Place, 80 Edward Street S.- PO Box 427, Plerz, MN 56364

**All registration forms MUST be filled out in full and returned to site PRIOR to provided services.**

### Programs:

Before School	6:45am- 8:00am	\$4
After School	3:00pm-5:45pm	\$6
Non School Day	All Day Fee (over 5 hours)	\$30
	Half Day Fee (under 5 hours)	\$18
Summer Care	All Day Fee (over 5 hours)	\$30
	Half Day Fee (under 5 hours)	\$18

### Schedule:

Full days my child will attend:      Mon.    Tues.    Wed.    Thurs.    Fri.  
  \_\_\_\_\_

Half days my child will attend:      Mon.    Tues.    Wed.    Thurs.    Fri.  
  \_\_\_\_\_

Please Circle:

Full Time

Drop In(Rates are different then listed)

My Schedule Varies

Scheduling Comments:

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**Child care payment is based on the days registered, regardless of attendance. Drop-ins will not be guaranteed a spot, and must call prior to dropping off for availability.**

**If your child misses more than 2 weeks of childcare, without prior notification, they will be terminated and your spot will be given to the next family.**

### Brightwheel

HTKP uses the online program Brightwheel for billing and for communication with parents.  
Please provide a current email to get enrolled into the system.

**Email:** \_\_\_\_\_

**Weekly Payment Options:**

Please check what payment schedule works best for you. Invoices will be emailed out on Tuesdays for the previous week of care. Account balances must be paid weekly.

I understand that if I miss the selected payment schedule of my choosing, there will be a \$5 late charge added to my account each week that my account is delinquent. If payment is not received within 2 weeks, I understand that my child can no longer attend Kids Place until my account is paid in full.

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

\_\_\_\_\_ Weekly Cash/Check payments (paid at the childcare site)

\_\_\_\_\_ Recurring payments using a credit card/ACH. (Additional fees varied and are the responsibility of the family). Please set this up on Brightwheel.

**Building Access (FOBS)**

Providing a safe, thriving environment for students to learn and staff to work, is the foremost goal of any childcare/school setting.

All HTKP families will **NEED** to purchase one or two fobs for building access for: before and/or after school care. The cost is \$15 for one or \$25 for two. The fee will be refunded, when the fob is returned and in good condition.

The key fob is your responsibility and **CANNOT** be given to your child. You are liable for the fob and anyone who accesses Holy Trinity with it. A lost fob **MUST BE** reported to the school's office immediately to be deactivated and then a new fob can be issued.

If you do not have your fob when you drop off or pick up your child(ren), you will need to contact Kids Place on the cell phone (320) 232-5775 to enter the building. Access to the building by using the buzzer is dependent on the main office being staffed.

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**HTKP Building Access**

Guardian 1 Name: \_\_\_\_\_ FOB # \_\_\_\_\_  
(Please print)

Guardian 2 Name: \_\_\_\_\_ FOB# \_\_\_\_\_  
(Please print)

Payment total: \_\_\_\_\_ Payment: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ (payable to HTKP)

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

**Child Information:**

Please list any special interests of your child such; hobbies, games, toys, music, etc.

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Please list any other information about your child that you would like our staff to know: Such as family traditions, behaviors, etc.

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**Parent Agreement:**

- I have read, understand, and agree to abide by all policies/procedures/rates stated in the HT Kids Place Parent Handbook. Extra handbooks are available on site.  
YES \_\_\_\_\_ NO \_\_\_\_\_
- I agree to the rules and procedures on behalf of the student that I have participating in the HT Kids Place program, and will support the work of the staff in following these same rules/procedures on site.  
YES \_\_\_\_\_ NO \_\_\_\_\_
- My child may have his/her picture and/or name in publications, presentations, newspaper articles, brochures, social media (including Facebook) and other related publicity promoting HT Kids Place/Holy Trinity Catholic School.  
YES \_\_\_\_\_ NO \_\_\_\_\_
- My child may participate in supervised use of the computer and internet as part of HT Kids Place/Holy Trinity Catholic School.  
YES \_\_\_\_\_ NO \_\_\_\_\_
- HT Kids Place may sponsor field trips or activities off site from the regular HT Kids Place area.  
YES \_\_\_\_\_ NO \_\_\_\_\_
- Also, movies rated PG will be occasionally shown. I allow my child to participate in these activities.  
YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that HT Kids Place/Holy Trinity Catholic School cannot be held responsible for any unforeseen circumstances or events that may occur during this time. While we strive to provide accurate information, I understand that the HT Kids Place staff will use their best judgement and training in providing a safe experience for all of the participating students while leading such activities.

Parent/Guardian Name: \_\_\_\_\_(Please print)

Signature: \_\_\_\_\_Date: \_\_\_\_\_