

Holy Trinity Kids Place Registration Form

Date child will enter care: _____

Child's name: _____ Date of Birth _____
Last First Middle

Home Address: _____
Street City / State 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

Employer: _____ Work #: _____

Email Address: _____

Preferred method of contact: () Email () Phone Call () Text

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

Employer: _____ Work #: _____

Email Address: _____

Preferred method of contact: () Email () Phone Call () Text

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: **Yes** () - SPECIFY BELOW **No** ()

Regular Medications? **Yes** () - OTC FORM REQUIRED **No** () If yes, specify below.

Medical Interventions needed at the child care program:

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

HIGH RISK HEALTH CONDITIONS: (EMERGENCY CARE PLAN REQUIRED)

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

Please specify: _____

CONSENT TO MEDICAL CARE / 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 S, 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:
Holy Trinity Kids Place, 80 Edward St. S. - PO Box 427, Pierz, MN 56364

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

PROGRAM RATES FOR FULL TIME:

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

FULL TIME (Days are consistent week to week)

Before school only on these days: Mon. Tues. Wed. Thurs. Fri.

After school only on these days:

() I understand that the days checked are the days I am financially responsible for. If something should change and my child does not need child care for the days listed, I must provide a 24 hour notice of cancellation or my account will be charged the daily fee, plus a \$10 no-notice fee.

PROGRAM RATES FOR DROP IN:

Before School	6:45am- 8:00am	\$4
After School	3:00pm-5:45pm	\$6
Non School Day	All Day Fee (over 5 hours)	\$36
	Half Day Fee (under 5 hours)	\$20

DROP IN (Schedule varies, I will contact program prior to needing child care)

Before school only on these days: Mon. Tues. Wed. Thurs. Fri.

After school only on these days:

Drop-ins will not be guaranteed a spot, and must call prior to dropping off for availability.

Scheduling Comments:

PROGRAM COMMUNICATION

HTKP uses an online program for billing and for communication with parents. Please provide a current email to enroll.

Email: _____

WEEKLY PAYMENT OPTIONS

Please check what payment schedule works best for you. Invoices will be emailed out on Mondays 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 credit card/ACH. (Additional 2.9% fee for credit card / up to \$0.60 fee ACH per transaction). PARENT SET 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 fob(s) for building access. 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.

Guardian 1 Name: _____ FOB # _____
(Please print) (Staff Use Only)

Guardian 2 Name: _____ FOB # _____
(Please print) (Staff Use Only)

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.

Please list any other information about your child such as family traditions, cultural traditions, etc.

PARENT AGREEMENT

- I have read, understand, and agree to abide by all policies/procedures/rates stated in the HTKP 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 HTKP 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 HTKP / Holy Trinity Catholic School.
YES _____ NO _____
- My child may participate in supervised use of the computer and internet as part of HTKP / Holy Trinity Catholic School.
YES _____ NO _____
- I agree to allow the staff to apply sunscreen and/or insect repellent as needed. (Parent must provide - OTC form required)
YES _____ NO _____
- HT Kids Place may sponsor field trips or activities off site from the regular HTKP 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 Holy Trinity 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): _____ Date: _____

Signature: _____