

# World Around Us Child Care Learning Center



2290 11th Avenue East  
 • North Saint Paul, MN 55109 •  
 651-773-1400 Fax: 651-773-1401  
 Rebecca Garber/Owner

5065 Stewart Ave, White Bear Lake, Mn 55110  
 651-773-1406  
 E-mail: [admin@worldaroundus.net](mailto:admin@worldaroundus.net)  
 • website: worldaroundus.net

## Enrollment Packet

Child's Name	Birth Date	Preferred First Name
Street Address	City, State Zip	Date of Enrollment
How did you hear about us?	Religion practiced at home	
Child's Ethnicity: <i>please choose one:</i> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Other	Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other

Mothers/Guardian's: Name \_\_\_\_\_

Authorized to Pick-Up

Address \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

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

E-Mail \_\_\_\_\_

Hours at work: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Father's/Other Guardian's Name \_\_\_\_\_

Authorized to Pick-Up

Address \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

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

E-Mail \_\_\_\_\_

Hours at work: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

School Child Attends	School Release Days
<input type="checkbox"/> Webster Elementary <input type="checkbox"/> Parkview Elementary <input type="checkbox"/> Richardson Elementary <input type="checkbox"/> St. Peter Catholic <input type="checkbox"/> Other Attendance	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Drop Care
Drop-Off Time _____ AM PM Pick-Up Time _____ AM PM	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Meal Plan: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner	

\_\_\_\_\_ Parent Signature Updated Annually

## Identification & Medical Information

Other Persons Authorized To Pick Up Child/Emergency Contacts: FOR SAFETY REASONS WE WILL NOT RELEASE YOUR CHILD(REN) TO ANYONE EXCEPT YOU, UNLESS THEY ARE LISTED BELOW

Name	Relationship	
Home Phone	Work Phone	Cell Phone
Address	City, State Zip	E-mail
Authorized: <input type="checkbox"/> Pick-Up	<input type="checkbox"/> Receive Med Info	

Name	Relationship	
Home Phone	Work Phone	Cell Phone
Address	City, State Zip	E-mail
Authorized: <input type="checkbox"/> Pick-Up	<input type="checkbox"/> Receive Med Info	

Name	Relationship	
Home Phone	Work Phone	Cell Phone
Address	City, State Zip	E-mail
Authorized: <input type="checkbox"/> Pick-Up	<input type="checkbox"/> Receive Med Info	

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ May we call another physician if unable to contact the  
 above? \_\_\_\_\_ Hospital Preference \_\_\_\_\_  
 Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Child's Dentist \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dental Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

List All Allergies: (Food, Prescriptions, Bees, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**\*\*Must also be on Health Care Summary with a Physician Signature List Any Medical Conditions:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Tuition Enrollment Agreement This enrollment form/tuition agreement for licensed child care is for:

Child's Name \_\_\_\_\_  
 Enrollment is scheduled to begin:  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Arrival Time \_\_\_\_\_ AM/PM Pick-Up Time \_\_\_\_\_ AM/PM

Contract time cannot change without a two-week notice. Per state licensing, there is a 10 hour maximum per day for your child to be at a child care facility. Please be aware of your times. You will be charged extra for over 10 hours per day. we do not allow drop-off during nap time between 11:45 a.m. and 2:00 p.m. You can pick up your child at any time. Closing/Pick-Up Policy: World Around Us closes at 7:30 p.m. Depending on your contracted hours of care, your child must be picked up no later than 7:30 p.m. A charge of \$1.00 per minute, per child will be charges and must be paid that day or prior to receiving any further child care from World Around Us. Please call if you are running late. If your child is not picked up in a timely manner, your emergency contacts will be called. If none of your emergency contacts can pick up your child, the authorities will be notifies one hour after your contracted hours. If for any reason I choose not to start on the above date, I must give two weeks notice or I will be charged for two weeks of enrollment for my child. I agree that If I decide to withdraw my child, I will give a two-week written notice or be billed for the equivalent hours. If the bill is not paid within two weeks of receipt, a collection agency will contact me. Tuition is due each Friday before the next week. I agree to pay each Friday and place the tuition amount in the tuition box next to the office. If I receive assistance for child care from the county, and I have a co-payment responsibility, I agree to pay my co-payment on or before the first of each month. If tuition fees or co-payments are not paid in accordance with our policy, a charge of \$5.00 per day will be billed to my account. A returned check (NSF) fee is \$35.00; thereafter payments will be on a cash basis only.

CONTRACT WEEKLY TUITION: \$ \_\_\_\_\_ PER \_\_\_\_\_ FOR THE STATED HOURS \_\_\_\_\_

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

Parental Authorization I give permission to World Around Us (WAU) Child Care Learning Center to make whatever measures deem judged necessary for the care and protection of my child while under supervision of the program. In case of Medical Emergency, I understand that my child will be transported to St. Johns Hospital, Maplewood, MN. My child will be transported by the White Bear Lake or North Saint Paul Emergency Unit for treatment, at my expense, if the Emergency Unit deems it necessary. In the event of an accidental poisonous ingestion, I understand the WAU Child Care Learning Center will contact Poison Control Center. I give my permission for staff to administer Syrup of Ipecac to my child if directed to do so by Poison Control Center. I hereby authorize WAU Child Care Learning Center to act on my behalf in case of an emergency. I herby grant permission for my child to use all of the play equipment, and participate in all the activities of the center. SCHOOL TRANSPORTATION & FIELD TRIPS: I understand if my child is to go on a field trip with his/her classroom, a seperate written permission slip is to be signed. A car restraint (care seat) is required for you to provide if your child is less than 80 pounds (MN state Law). WAU is not liable or responsible in the event of an accident or injury during transportation to or from WAU or field trips.

I do \_\_\_\_\_ or I do not \_\_\_\_\_ give permission for my child to be photographed within the program. If your child is photographed it will be for classroom projects, yearbooks, web pages, local newspaper advertising.

Parent Signature \_\_\_\_\_  
Parent Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Permission to Administer/Per State Licensing. Please check all boxes that apply to allow us to administer to your child. Parents must supply own suntan lotion, toothpaste, lip balm, diaper wipes and baby lotion. Please clearly label all items brought from home with your child's FIRST & LAST NAME. O.K. Item List any brands your child is allergic to:

- Band-Aids/Guaze \_\_\_\_\_
- Adhesive Tape \_\_\_\_\_
- Anti-Itch/Rash Ointment \_\_\_\_\_
- Antiseptic Wipe/Hydrogen Peroxide \_\_\_\_\_
- Baby Lotion/Lotion \_\_\_\_\_
- Baby Oil \_\_\_\_\_
- Baby Corn Starch Powder \_\_\_\_\_
- Bar and Liquid Soap \_\_\_\_\_
- Diaper Wipes \_\_\_\_\_
- Lip Balm \_\_\_\_\_
- Nail Polish (Girls Only) \_\_\_\_\_
- Toothpaste \_\_\_\_\_
- Suntan Lotion \_\_\_\_\_
- Petroleum Jelly \_\_\_\_\_

Medications If your child is required to receive prescribed oral or topical medications while in our care, please list below. Medications must be clearly labeled with your child's name, the prescribed dosage, and times to administer.

1. Medication Name \_\_\_\_\_  
 Oral  
 Topical:  
Apply to \_\_\_\_\_ Amount \_\_\_\_\_  
Time(s) \_\_\_\_\_

2. Medication Name \_\_\_\_\_  
 Oral  
 Topical:  
Apply to \_\_\_\_\_ Amount \_\_\_\_\_  
Time(s) \_\_\_\_\_

I hereby authorize World Around Us to administer the above medication and/or products, and trust that the staff at World Around Us will use their best judgment as the situation may arise.

Parent Signature \_\_\_\_\_  
Parent Name (Print) \_\_\_\_\_ Date \_\_\_\_\_