



Mahnomen Child Care Center
Mahnomen, MN 56557

Application – 2011

Mahnomen Child Care & Early Learning Center
Address – Phone Number
Application Form

Child's Full Name _____

Child's Name he/she goes by _____ Gender _____

Parent/Legal Guardian Name _____

Address _____ City _____ State _____ Zip _____

Employer _____ Work Number _____

Department _____ Home Number _____

Please note: All casino and Tribal Employees are required to sign a payroll deduct form even if you are on Child Care Assistance. It is the parent/legal guardian's responsibility to contact the county/tribe to have necessary paperwork sent to the Mahnomen Child Care/Early Learning Center for reimbursement. Any child care fees not paid by assistance will be the responsibility of the parent/legal guardian. Co-pays will also be automatically deducted from casino and tribal employee's payroll check on a bi-weekly basis. Notices of deduction will be seen on payroll check.



**EMERGENCY CONTACT NAME & NUMBER IN CASE WE
ARE UNABLE TO REACH YOU:**

NAME _____ NUMBER _____

NAME _____ NUMBER _____

Continued:

Please list all authorized person(s) who have permission to remove your child from the center:

NAME _____ PHONE _____

NAME _____ PHONE _____

Please list any health condition(s) that your child has that we should be aware of:

Please list any developmental concerns that you may have regarding your child:

Please give us a brief description of your child's habits – please note if your child has any food allergies!

Eating Habits – Infant/Toddler _____

Eating Habits – Pre-School _____

Continued.....

Sleeping Habits – Infant/Toddler _____

Napping Habits – Pre-School _____

Toiletry Habits – Toddler _____

Methods used for comforting your child _____

Please list any information that you would like us to have that would help make this experience a positive one for you and your child



Mahnomen Child Care/Early Learning Center

Consent for Medical Treatment

As the parent or legal guardian, I hereby give consent to the Mahnomen Child Care/Early Learning Center to obtain all emergency medical or dental care prescribed by a licensed physician or dentist for _____ (Child's Name).

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above. This child has the following medication allergies: _____

Parent/Guardian Signature _____ Date _____

Insurance Company _____

Policy Number _____

Parent/Guardian Name: _____

Phone Number _____

I understand that certain medical emergencies may not allow time to contact parent/guardian in the event of a life-threatening situation and that an immediate medical decision will be sought by the center. I also understand and agree that I am financially responsible for any/all medical treatments necessary.

Parent/Guardian Signature _____ Date _____

Mahnomen Child Care/Learning Center

Form Payroll Deduction

Parent/Guardian (Employee) Name: _____
Employer: _____
Employer Address: _____
Employer Contact Person & Phone # _____
Pay Check Frequency: wkly _____ biwkly _____ monthly _____
Next Pay Period: Start Date: _____ End Date: _____
Next Payroll Check Date: _____

I hereby authorize Mahnomen Child Care/Learning Center to deduct from my payroll check the amount of my childcare fees for services provided throughout the pay check frequency on each paycheck. I understand the center will notify me after each pay period has ended of the amount that will be deducted from my payroll check at the same time my employer is notified.

Parent/Employee _____ Date _____

Amount of deduction \$ _____

I receive child care assistance from _____

Self-pay and co-pay account balances are due on the 1st and 15th of each month. Payments may either be mailed to White Earth Child Care or deposited in the drop box located near entry door. Please make sure you receive and save a receipt of all payments made.

Please note that White Earth Child Care, Mahnomen Center, reserves the right to withhold child care services to families whose accounts are seriously past due.

Medication Permission Sheet

Child's Name _____ Phone _____

Child's Address _____

I have prescribed the following medication for this child and request that dosage falling during Child Care hours be administered by the Child Care staff. NOTE: Authorization is needed for non-prescription medications, such as Tylenol, cough syrup, band aids, ect.

Medication _____

Condition for which prescribed _____

Possible Side Effects: _____

Instruction for Use: _____ Dosage: _____ Time: _____

Frequency: _____ How Long? _____

Signature _____ Date _____

Mahnomen Child Care Learning Center
Application Check List

- _____ Application
- _____ Consent Medical Treatment
- _____ Medication Permission Form
- _____ Payroll Deduction Form
- _____ Immunization Record
- _____ Household Income Statement
- _____ Attendance Form (Monthly Calendar)
- _____ Policy/Procedures Agreement Form

All paperwork must be submitted in order for your child to attend Mahnomen Child Care Learning Center.

