



Little Prairie Preschool Registration 2017-2018

Child's Name _____

Child's Age _____ Birthdate _____ Gender _____

***Children must be 33 months and potty trained by September 1st**

**Monthly Tuition
September-May**

Part Day Class Options (33mo – 5 yrs)			Full Day Class Options (33mo – 5yrs)		
T-Th	8:15-12:30	\$136.00	T-Th	8:15-2:45	\$208.00
M-W-F	8:15-12:30	\$204.00	M-W-F	8:15-2:45	\$312.00
M-F	8:15-12:30	\$295.00	M-F	8:15-2:45	\$455.00

A \$25.00 non-refundable fee is due with registration.

Please choose your child's class

<u>Part Day Classes</u>	<u>Full Day Class</u>
2 Days (T-Th) _____	2 Full Day (T-Th) _____
3 Days (M-W-F) _____	3 Full Day (M-W-F) _____
5 Days (M-F) _____	5 Full Day (M-F) _____

Family Information

Parents/Guardians: _____

Address: _____

Home & Cell Phone: _____

Employer/Occupation: _____

Email Address(es): _____

SSN (for electronic payment) _____

The attached forms (Student Immunization Form and Health Care Summary Form) are due by the first day of the school year. Papers may be sent in with your child or sent to/dropped off at: Our Lady of the Prairie, 200 East Church Street, Belle Plaine, MN 56011, or faxed to: 952.873.6717 attn: Student Records

Early Childhood Immunization Form

Must be on file **before** a child attends any early childhood programs*

Name _____

Birthdate _____

Date of Enrollment _____

Minnesota law requires children enrolled in early education programs to be immunized against certain diseases or file a legal medical or conscientious exemption.

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the early education program to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

*Early childhood programs are defined as programs that provide instructional or other services to support children's learning and development and:

- Serve children from birth to kindergarten.
- Meet at least once a week for at least six weeks or more during the year.

This includes but not limited to early childhood family education (ECFE), early childhood special education (ECSE), school readiness programs, and other public and private preschool and pre-kindergarten programs.

Type of Vaccine	DO NOT USE (✓) or (✗)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP) • 3 doses during 1st year (at 2-month intervals) • 4 th dose at 12-18 months • 5 th dose at 4-6 years <i>Indicate vaccine type: DTaP or DTP</i>						5th dose not required if 4th dose was given on or after the 4th birthday
Polio (IPV, OPV) • 2 doses in the first year • 3 rd dose by 18 months • 4 th dose at 4-6 years					4th dose not required if 3rd dose was given on or after the 4th birthday	
Measles, Mumps, and Rubella (MMR) • Required for children 15 months and older • 1 st dose on or after 1 st birthday • 2 nd dose at 4-6 years						
Haemophilus influenzae type b (Hib) • 2-3 doses in the first year • 1 dose required after 12 months or older • For unvaccinated children 15-59 months, 1 dose is required • Not required for children 5 years or older						
Varicella (chickenpox) • Required for children 15 months and older • 1 st dose on or after 1 st birthday • 2 nd dose at 4-6 years						
Pneumococcal Conjugate Vaccine (PCV) • Required for children age 2 - 24 months • 3 doses in the first year • 4 th dose after 12 months • At least 1 dose is recommended for children age 24-59 months in child care						
Hepatitis B (hep B) • 2-3 doses in the first year • 3 rd dose (final dose) by 18 months						
Hepatitis A (hep A) • 2 doses separated by 6 months for children 12 months and older						
Recommended						
Rotavirus (2-3 doses between 2 and 6 months)						
Influenza (annually for children 6 months or older)						

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

1. Certify Immunization Status. Complete A or B to indicate child's immunization status.

<p>A. Children who are 15 months or older: For children who are 15 months or older and who have received all the immunizations required by law for early childhood programs: I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.</p> <p>_____ Signature of Parent / Guardian OR Physician / Nurse Practitioner / Physician Assistant / Public Clinic</p> <p>_____ Date</p>	<p>B. Children who are younger than 15 months: For children who are younger than 15 months OR have not received all required immunizations: I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date. The dates on which the remaining doses are to be given are:</p> <p>_____ Signature of Physician / Nurse Practitioner / Physician Assistant / Public Clinic</p> <p>_____ Date</p>
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2. Exemptions to Immunization Law. Complete A and/or B to indicate type of exemption.

<p>A. Medical exemption: No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement: I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):</p> <p>_____ Signature of physician/nurse practitioner/physician assistant</p> <p>_____ Date</p> <p><small>*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)</small></p> <p>_____ Signature of physician/nurse practitioner/physician assistant (If disease occurred before September 2010, a parent can sign.)</p>	<p>B. Conscientious exemption: No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized: I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):</p> <p>_____ Signature of parent or legal guardian</p> <p>_____ Date</p> <p>Subscribed and sworn to before me this: _____ day of _____ 20____</p> <p>_____ Signature of notary (A copy of the notarized statement will be forwarded to the commissioner of health.)</p>
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3. Parental/Guardian Consent to Share Immunization Information (optional):

Your child's early childhood program is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect children from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow early childhood program personnel to share my child's immunization documentation with Minnesota's immunization information system:

 Signature of parent or legal guardian

 Date

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: _____

NAME OF CHILD _____

Birth Date _____

ADDRESS _____

Telephone _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

What is the status of the child's . . . Vision _____

Hearing _____

Speech _____

Please list below the important health problems

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed By Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>
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Other information helpful to the child care program _____

Phone _____

Signature of Health Source _____ Address _____

Date _____