



6065 Hwy 70 East  
St. Germain, WI 54558  
Phone: 715-479-2173

Greetings! We feel honored that you would invite us alongside you and your family during this important milestone in your child's future. We are committed to helping your child grow academically, socially, emotionally, and spiritually.

Enclosed you will find the necessary paperwork to officially enroll your child at **Little Explorers Preschool** for the 2018-2019 school year. As a licensed preschool we are required to use specific Health/Medical release forms. Please return completed paperwork at your earliest convenience but, no later than August 15<sup>th</sup> 2018.

Join us for our Back to School Open House **August 29th from 4:00-7:00 pm**. We are looking forward to meeting you and welcoming your child as they begin their educational journey. It will be a fun time of meeting the teachers, classmates, and checking out their new classroom! Let the exploring begin!

If you have any questions, please don't hesitate to call. Again, we welcome your family to our preschool program.

Sincerely,

Wendy Reese

Director of Little Explorers Preschool



## 2018 - 2019 School Calendar

School Opens -Fall Semester Begins.....	September 4
Thanksgiving Break No Classes .....	November 21-23
Christmas Break No Classes.....	Dec. 24- Jan. 1
Easter Break .....	March 29- April 5
Memorial Day Observed No Classes .....	May 27
Last Day of Classes .....	May 31

Little Explorers Preschool will follow public school closings due to severe weather conditions.

### Teacher Contact Information

Little Explorers Preschool

715-479-2173

Director: Wendy Reese

715-479-6942

reesefamily@frontier.com

Head Teacher: Cortnee Pinski

307-371-3722

cortpinski@gmail.com

Dear Families,

Welcome to the Little Explorers Preschool. I am so excited for the upcoming year and to be able to share this time with your child. I have a heart for little ones and seeing them grow in God's love and learn in their own unique ways. To be best prepared to welcome your child, please answer the following questions and return them with the enclosed registration materials. Together WE make a team. I am looking forward to a great year!

Sincerely,

Ms. Cortnee



Student's name \_\_\_\_\_

Parent's name \_\_\_\_\_

Describe your child's personality.

What are your expectations for your child this year?

How does your child feel about school?

What are your child's strengths?

What area would you like to see the most improvement for your child?

What are your child's hobbies and interests?

Please include any other information you would like for me to know about your child.



# Registration Form

## Student

Name of Child: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

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

City / State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

## Parents/Guardians

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell/Text: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell/Text: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you learn of Little Explorers Preschool? \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

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

Cell or Daytime Phone: \_\_\_\_\_

Cell or Daytime Phone: \_\_\_\_\_

## Physician Information

Preferred Medical Clinic: \_\_\_\_\_

City

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies / Medical Concerns: \_\_\_\_\_

**Other People Authorized to Pick Up Your Child**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Programs**

***\$25 Nonrefundable enrollment fee due on receipt of application***

*Student must be 3 years old by September 1st of the current school year to be enrolled in the Prek 3 class, or the Student must be 4 years old by September 1st of the current school year to be enrolled in the Prek 4 class. Classroom placement priority is given in order in which application forms are received.*

Pre K3 Tues/Thurs 9am-12pm \_\_\_\_\_ Pre K4 Mon/Wed/Fr 9am-12pm \_\_\_\_\_

**Tuition**

Set tuition regardless of absences or missed days. Checks made payable to **Saint Germain Ev. Free Church**  
Payment Options (circle one):

	<u>Pre K3</u>	<u>Pre K4</u>
Paid in Full	\$1,125	\$1,350
Two installments Sept. 1 & Feb.1	\$500/\$625	\$600/\$750
Monthly	\$125	\$150

**Authorizations**

- Yes     No    I release Little Explorers Preschool and St. Germain Evangelical Free Church from any liability associated with activities my child will be involved in while attending.
- Yes     No    I hereby give my consent for emergency medical care of treatment to be used only if I cannot be reached immediately.
- Yes     No    I grant permission to Little Explorers Preschool, to take and use: photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or Web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of Little

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date

## CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within 30 school days (6 calendar weeks) of admission to the child care center. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

**PERSONAL DATA**

**PLEASE PRINT**

<b>STEP 1</b>	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

**IMMUNIZATION HISTORY**

**STEP 2** List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus- <i>Polio</i> (Specify DTP, DTaP, or DT)					
Hib ( <i>Haemophilus influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

Yes year \_\_\_\_\_ (Vaccine is not required)

No or Unsure (Vaccine is required)

**REQUIREMENTS**

**STEP 3** The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup> 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT*	4 Polio			3 Hep B	2 MMR <sup>3</sup> 2 Varicella

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

<sup>2</sup>If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).

<sup>4</sup>Children entering kindergarten must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>) to be compliant (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).

**COMPLIANCE DATA AND WAIVERS**

**STEP 4** IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR

IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.**

For health reasons this child should not receive the following immunizations \_\_\_\_\_ (List in STEP 2 any immunizations already received)

\_\_\_\_\_  
Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

**SIGNATURE**

**STEP 5** To the best of my knowledge, this form is complete and accurate.

\_\_\_\_\_  
SIGNATURE - Parent, Guardian or Legal Custodian

\_\_\_\_\_  
Date Signed

### HEALTH HISTORY AND EMERGENCY CARE PLAN

**Use of form:** This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

**CHILD INFORMATION**

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)		
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)	

**PARENT / GUARDIAN INFORMATION** Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

**PHYSICIAN / MEDICAL FACILITY INFORMATION**

Name – Physician	Address – Medical Facility
	Telephone Number

**SUNSCREEN / INSECT REPELLENT AUTHORIZATION** If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2. a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.	Brand Name  Brand Name  Ingredient Strength  Ingredient Strength
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**HEALTH HISTORY AND EMERGENCY CARE PLAN** If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

- No specific medical condition
- Asthma
- Cerebral palsy / motor disorder
- Other condition(s) requiring special care – Specify.
- Diabetes
- Epilepsy / seizure disorder
- Gastrointestinal or feeding concerns including special diet and supplements
- Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism

Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

Food allergies – Specify food(s).

Non-food allergies – Specify.

2. Triggers that may cause problems – Specify

3. Signs or symptoms to watch for – Specify

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: \_\_\_\_\_

## CHILD HEALTH REPORT – CHILD CARE CENTERS

**Use of form:** Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(4), DCF 250.07(6)(L)3., and DCF 251.07(6)(k)3. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Except for a school-aged child, each child 2 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant or HealthCheck provider to be completed, signed and dated. The licensee shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian were to include a copy of the child's immunization record when submitting this form to the child care center.

### PARENT OR GUARDIAN – Complete this section.

Name – Child (Last, First, MI)	Birthdate – Child (mm/dd/yyyy)
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Address – Child (Street, City, State, Zip Code)

Name – Parent or Guardian (Last, First, MI)

Address – Parent or Guardian (Street, City, State, Zip Code)

### HEALTH PROFESSIONAL – Complete this section.

Instructions for feeding and care of child with special problems, including allergies – Specify (attach information as necessary).

Yes  No Does the child have a milk allergy? If "Yes", identify the recommended milk substitute.

Date of most recent blood lead test: \_\_\_\_\_ (mm/dd/yyyy). Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

### AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA or HealthCheck Provider (type or print)	Address (Street, City, State, Zip Code)
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SIGNATURE – MD, PA or HealthCheck Provider	Date of Examination
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Division of Early Care and Education

## YOUR GUIDE TO REGULATED CHILD CARE

### *Your summary of the child care rules*

#### TYPES OF REGULATED CHILD CARE PROGRAMS

##### Licensed Family Child Care Centers

A program regulated under DCF 250 where a person provides care and supervision for less than 24 hours per day for at least 4 and not more than 8 children who are not related to the provider.

Age groups may be mixed according to the following combinations. Additional allowed school-aged children in care for 3 or fewer hours per day are shown in parentheses.

<u>Children Under Age 2</u>		<u>Children Age 2 and Older</u>		<u>School Age Children</u>		<u>Maximum Group Size</u>
0	+	8	+	(0)	=	8
1	+	7	+	(0)	=	8
2	+	5	+	(1)	=	8
3	+	2	+	(3)	=	8
4	+	0	+	(2)	=	6

##### Licensed Group Child Care Centers

A program regulated under DCF 251 where a person for less than 24 hours per day provides care and supervision for 9 or more children who are not related to the provider.

<u>Age of Children</u>	<u>Staff-To-Child Ratio*</u>	<u>Maximum Group Size</u>
Birth to 2 yrs	1:4 or .25	8
2 yrs to 2½ yrs	1:6 or .167	12
2½ yrs to 3 yrs	1:8 or .125	16
3 yrs	1:10 or .10	20
4 yrs	1:13 or .077	24
5 yrs	1:17 or .059	34
6 yrs and over	1:18 or .056	36

\* These ratios are adjusted for mixed age groups

##### Licensed Day Camps for Children

A program regulated under DCF 252 that provides care and supervision to 4 or more children, 3 years of age and older, in a seasonal program oriented to the out-of-doors for periods less than 24 hours per day.

##### Certified Family Child Care

A program regulated under DCF 202 where a person provides care and supervision for less than 24 hours per day for no more than 3 children under age 7 with a maximum group size of 6, including the provider's own children under age 7.

##### Certified School-Age Programs

A group child care center certified under DCF 202 to provide care and supervision to school-aged children aged 7 and older.

#### A WORD ON WISCONSIN CHILD CARE REGULATIONS

Anyone providing care and supervision for 4 or more children under age 7 years for less than 24 hours a day must be licensed by the Department. Exceptions to this rule are:

- A parent, grandparent, great-grandparent, stepparent, brother, sister, first cousin, nephew, niece, uncle, or aunt of a child, whether by blood, marriage, or legal adoption, who provides care and supervision for the child.
- Public and parochial schools.
- Care provided in the home of the child's parent for less than 24 hours per day.
- Counties, cities, towns, school districts and libraries that provide programs for children primarily intended for social or recreational purposes.
- A program that operates not more than 4 hours per week.
- Group lessons to develop a talent or skill such as dance or music, social group meetings and activities, group athletics.
- A program where the parents are on the premises and are engaged in shopping, recreation or other non-work activities.
- Seasonal programs of ten days or less duration in any 3-month period, including day camps, vacation bible school, and holiday child care programs.
- Emergency situations.
- Care and supervision for no more than 3 hours a day while the parent is employed on the premises.
- A program provided where the child of a recipient of temporary assistance to needy families, or Wisconsin works, is involved in orientation, enrollment or initial assessment or where parents are provided training or counseling.

Regulations set standards for adequate child care, but they cannot guarantee quality care. That is why parent involvement is so crucial.

#### IF YOU HAVE QUESTIONS, CONCERNS, OR COMPLAINTS

First, talk to your child's caregiver and try to work out your differences. If those attempts fail, and you feel the caregiver is violating a state licensing regulation, contact the appropriate regional office. See <http://dcf.wisconsin.gov/cclicensing/contacts> or call 1-800-362-7353 for licensing contact information. If you feel the caregiver is violating certification rules, contact the appropriate certifying agency. See <http://dcf.wisconsin.gov/files/ccregulation/cccertification/certifiers.pdf> or call 1-800-362-7353 for certification contact information.

## WHAT IS QUALITY CHILD CARE?

That question has no easy, quick answer. Evaluating child care may seem an overwhelming task, especially if you are new to child care services. This checklist can help. For a thorough evaluation, go through the entire checklist section by section, or, if you prefer, focus on the parts that seem most important to you. YoungStar is a program of the Department of Children and Families created to improve the quality of child care for Wisconsin children. To search for safe, quality child care in Wisconsin, see the Regulated Child Care and YoungStar Public Search page <http://childcarefinder.wisconsin.gov/Search/BasicSearch.aspx>

### Caregivers

- Do they genuinely seem to enjoy working with young children?
- Do they seem to be warm, loving people?
- Do they talk with you openly and straightforwardly about their policies?
- What training and experience do they have? Do they receive regular, ongoing job-related training?
- Do they seem to get along well with each other?

### Caregiver / child interaction

- Do they get down to eye level when talking to or listening to the children?
- Do they encourage the children to express their feelings verbally?
- Do they encourage children to work out negative feelings without hurting others?
- Do they respect individual differences among the children?
- Do the child guidance measures focus on what the child should do rather than what the child should not do?
- Do they set reasonable limits and allow children to make choices when appropriate?
- Do they provide guidance with words, tone of voice, and actions that show respect for children? Note: See licensing and certification rules for prohibited punishments.
- Do they show patience by letting children do things for themselves and exert their independence?
- Do the children seem comfortable when talking to the caregivers?
- Do the children seem happily occupied and relaxed?
- Does the ratio of children to caregivers meet state requirements?

### Physical environment

- Are the play areas clean and large enough so children can move freely and safely?
- Is the playground safe and supervised by an adult?
- Is play equipment sturdy and in good repair?
- Are games, toys, etc. stored where the children can get to them?
- Are wall displays placed at child's eye level?
- Are unused electrical sockets covered with safety caps?
- Are cleaning fluids, medications, poisons, sharp tools, matches, etc. stored away from children?
- Is the area free of other hazards: peeling paint, exposed electrical wires, uncovered hot water pipes, unprotected hot radiators or heaters?
- Are fire safety and tornado drills practiced?
- Are emergency telephone numbers posted by the telephones?
- Is there adequate heat, ventilation, and lighting?
- Are bathrooms clean and sanitary?
- Are step stools in the bathrooms to help young children reach toilets and sinks?

### Program / Activities

- Is there a regular daily schedule? Is it organized without being rigid?
- Are activities geared for different age and developmental levels?
- Are there indoor and outdoor activities?
- Is time provided for physical activity and quiet play?
- Is there a nap or rest period?
- Are there structured activities as well as free play when children can choose what to do?
- Are there opportunities for different types of interactions—large group play, small group play, alone time?
- Are there materials for different types of play—drama, music, creative movement, language skills, gross and fine motor skills, art projects, sand and water play?
- Are there living plants for children to observe and care for?
- Are there pets in areas of the center accessible to children? Have pets been appropriately vaccinated? Are pets tolerant of children? Is close supervision provided?
- Are the children taken out into the community for activities—parks, libraries, museums, field trips? Is there adequate supervision?

### Transportation

- Are vehicles used to transport children insured, and does the center's policy address insurance coverage for transportation?
- Are vehicles in safe operating condition?
- Are appropriate individual child car safety seats and booster seats used?
- Does the center have a procedure to ensure that no child is left unattended in a vehicle?
- Do vehicles with a seating capacity of 6 or more passengers in addition to the driver have a vehicle alarm installed to ensure no child is left unattended in a vehicle?

### General things to look for

- Is the license / certificate posted?
- Are visits by the parents, whether announced or unannounced, welcome at any time?
- Are there opportunities for parent / caregiver communication?
- Is this the kind of place you would enjoy spending your day?
- Are the results of the most recent licensing visit posted?
- Do staff and children wash their hands before meals and after toileting or diapering?
- Are meals and snacks well balanced and wholesome?
- Is the food preparation area clean and sanitary?
- Are menus posted in licensed programs?

The Department of Children and Families (DCF) is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, contact the Bureau of Early Care Regulation at [dcfclcareg@wisconsin.gov](mailto:dcfclcareg@wisconsin.gov), 608-421-7550 (general), or the Wisconsin Relay Service (WRS) 711. For civil rights questions call 608-422-6889 (general) or the Wisconsin Relay Service (WRS) 711.