

WEE CARE LEARNING CENTER 2023-2024 STUDENT INFORMATION FORM

STUDENT DETAILS	Legal First Name		Middle		Last	
	First Name to Practice Writing			Birthdate		Gender <input type="radio"/> Male <input type="radio"/> Female
	Race <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Native Hawaiian or Pacific Islander		<input type="radio"/> Asian <input type="radio"/> White	<input type="radio"/> Black or African American <input type="radio"/> Prefer Not to Answer		<input type="radio"/> Hispanic
	Street Address		City		State	Zip County
	Parent Marital Status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced/Separated <input type="radio"/> Widowed			Student Primarily Lives with: <input type="radio"/> Both Parents in One Household <input type="radio"/> 50/50 Shared Custody <input type="radio"/> Parent/Guardian 1 <input type="radio"/> Parent/Guardian 2		
	Was Early Childhood Screening Done? <input type="radio"/> Yes, in the _____ School District <input type="radio"/> No <input type="radio"/> Scheduled on _____ If screening was done, please list any concerns that were noted and what follow-up has been done:					
My child has one of the following educational plans: <input type="radio"/> 504 Plan <input type="radio"/> Special Ed IEP (Individualized Education Plan) *Please attach a copy.						

PARENT/GUARDIAN AND FAMILY INFORMATION	Parent/Guardian 1 Name		Primary Phone ()		Alternate Phone ()	
	Street Address (if different from child)		City		State	Zip County
	Email address		Cell Phone Provider (for text alerts)		Home Church/Religious Affiliation	
	Parent/Guardian 2 Name		Primary Phone ()		Alternate Phone ()	
	Street Address (if different from child)		City		State	Zip County
	Email address		Cell Phone Provider (for text alerts)		Home Church/Religious Affiliation	
	Other children, ages 0-5 years, in households of parents/guardians:					
	Name of Child				Birthdate	
	Name of Child				Birthdate	
	Name of Child				Birthdate	

MEDICAL INFORMATION	Diagnosed Medical Conditions		<input type="radio"/> My child has no diagnosed medical conditions
	Diagnosed Allergies		<input type="radio"/> My child has no diagnosed allergies
	Dietary Concerns/Sensitivities		<input type="radio"/> My child has no dietary concerns
	Child's Medical Provider	Primary Phone (Required) ()	Alternate Phone ()
	Address (required)		City
If my child has no medical provider, Wee Care will list an Emergency Provider: Olmsted Medical • 208 Centertown Plaza N Stewartville (507) 533-4727			

DENTIST	Child's Dentist	Primary Phone (Required) ()	Alternate Phone ()
	Address (required)		City
	If my child has no dental provider, Wee Care will list an Emergency Provider: Root River Dental • 501 S. Main • Stewartville • (507) 533-7735		
DAYCARE	Day Care Provider	Primary Phone (Required) ()	Alternate Phone ()
	Address (required)		City
	<input type="radio"/> My child's daycare provider has my permission to transport my child to and/or from Wee Care.		

EMERGENCY CONTACTS (You are required to list 2 individuals OTHER THAN PARENTS)

You are required to provide contact information for 2 people who may be called in the event of an illness, injury or emergency situation if a parent/guardian cannot be reached. I understand that, by listing people below, I am giving them permission to transport my child.

EMERGENCY CONTACT 1 (DO NOT LIST PARENT)	Primary Phone (Required) ()	Alternate Phone ()
Address (required)	City	
EMERGENCY CONTACT 2 (DO NOT LIST PARENT)	Primary Phone (Required) ()	Alternate Phone ()
Address (required)	City	

ADDITIONAL TRANSPORTATION INFORMATION

In addition to parents, guardians and above-listed emergency contacts, list any other people authorized to transport your child. Wee Care must receive written notification by parents in order to allow a child to leave with anyone not given permission below.

*If applicable, mark the box for Grisim Bus transportation.

☐ **Mark here if Grisim Bus Company will/may be transporting your child.** Phone: (507) 533-8775

Name	Relationship	Primary Phone ()	Alternate Phone ()
Name	Relationship	Primary Phone ()	Alternate Phone ()
Name	Relationship	Primary Phone ()	Alternate Phone ()
Name	Relationship	Primary Phone ()	Alternate Phone ()
Name	Relationship	Primary Phone ()	Alternate Phone ()
Name	Relationship	Primary Phone ()	Alternate Phone ()

PROHIBITED CONTACT ORDERS

Are there any of the following that we need to be aware of: No Contact Order, Restraining Order, Other Legal Documentation/Orders?

☐ Yes (summarize below and provide legal document to Wee Care) ☐ No

Describe Order and submit copy to Wee Care

ANNUAL PARENTAL PERMISSION VERIFICATION

(to remain in effect for the duration of the 2021-2022 school year)

Please sign each statement signifying consent, as the parents/legal guardians of the student listed on this form.

Signature: _____ We do hereby authorize the Wee Care staff to obtain medical treatment for our child in the event he/she becomes ill or injured. Wee Care staff will contact 911 in an emergency.

Signature: _____ We give permission for our child to participate in off-site activities/field trips with Wee Care staff supervision.

Signature: _____ We give permission for Grisim Bus Company to transport our child during a field trip activity, in the event of unfavorable weather conditions or in the event of illness or injury.

Signature: _____ Occasionally, we have student volunteers from Stewartville School District (SSD) in our classrooms as part of class projects. We give permission for our child's picture and name to be used in an SSD student's project.

Signature: _____ At times, Wee Care may share information about our students' academic, emotional and social development, special needs and/or behavioral concerns with Stewartville Schools (SSD), the State of MN, and/or Zumbro Education District (ZED). This information may be for entrance into the public school system, consultation and/or referral for special needs. We give consent for this information sharing.

Signature: _____ Wee Care has my permission to share my child's immunization record with Minnesota's Immunization Information System. This allows easier access for our center to check immunization records.

Signature: _____ Wee Care shares information with the community through television, newspaper and website media and in marketing materials. We give permission for our child's name and/or photo to be used in marketing materials and with the media for publicity purposes.

SIGNATURES REQUIRED BY BOTH PARENTS

In signing below, I acknowledge that the information I have given is true and accurate. I also acknowledge:

- I have read, understood and will follow the **Wee Care Parent Policy** and **Mandatory Reporting Policy**.
- That it is our responsibility as parents/guardians to immediately contact the director of Wee Care if any of the information we have given changes during the course of the school year.

Signature of Parent 1 (REQUIRED)	Date
Signature of Parent 2 (REQUIRED)	Date