

Date Received: \_\_\_\_\_  
Time: \_\_\_\_\_  
Registration Fee paid \_\_\_\_\_  
Initials: \_\_\_\_\_

**ATTACH RECENT  
PHOTO OF CHILD HERE**  
  
**(Required)**

Date enrollment began: \_\_\_\_\_  
  
Date enrollment ended: \_\_\_\_\_

*Please refer to the Parent Handbook for specific detail on program polices & parent responsibility requirements.*



Executive Director: Dan Hodgson, 701 672-1420  
321 Dakota Ave., Ste 2. Wahpeton, ND 58075  
Site Director: Bev Nelson, 704-640-8734  
[www.eciyouth.org](http://www.eciyouth.org)

## REGISTRATION FORM

Form must be completely filled out with all signatures, including a **recent photo** of child. Please allow a minimum of **three business days** to process. Forms will not be processed if not filled out in their entirety. (Much of this information is required by the state- please reply as best you can)

### I. CHILD

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Male/Female (circle one) Home phone: \_\_\_\_\_ other phone \_\_\_\_\_  
Med Ins company? \_\_\_\_\_ policy number \_\_\_\_\_  
Preferred name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date to Begin Program: \_\_\_\_\_ School Attending: \_\_\_\_\_

Please circle whether your child is **NEW** or **RETURNING** to the program.

Does your child have siblings? y/n names and ages

\_\_\_\_\_

List other people who play a significant role in your child's life or have a relationship to your child.

\_\_\_\_\_

The following questions are required by state law as part of child information / medical information-please answer as needed.

List special toys or security objects that give your child comfort? (i.e. blankets, stuffed animals) \_\_\_\_\_

List any fears our child has \_\_\_\_\_

Does your child need help with:

Dressing/Undressing? Y / N Hand Washing? Y / N Toileting? Y / N Eating? Y / N

Speaking: Using age appropriate words to describe needs or circumstances? Y / N

List favorite foods: \_\_\_\_\_

List foods your child dislikes: \_\_\_\_\_

Describe favorite play experiences: \_\_\_\_\_

**PARENT(S)/GUARDIAN(S) (PRIMARY CARE GIVER(S) WHO CHILD RESIDES WITH)**

**Mother's name** \_\_\_\_\_ SS#: \_\_\_\_\_  
biological mother? Y / N                      step parent? Y/N    other? Y / N \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ email \_\_\_\_\_

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

Occupation and Place of Employment: \_\_\_\_\_

Daytime Work Hours: \_\_\_\_\_

Work address: \_\_\_\_\_

**Father's name:** \_\_\_\_\_ SS#: \_\_\_\_\_  
biological father? Y / N                      step parent? Y/N    other? Y / N \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ email \_\_\_\_\_

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

Occupation and Place of Employment: \_\_\_\_\_

Daytime Work Hours: \_\_\_\_\_

Work address: \_\_\_\_\_

**III. Parent/Guardian/Sponsor/Co-Sponsor (fill out if applies)**

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

SS#: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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

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

Occupation and Place of Employment: \_\_\_\_\_

Daytime Work Hours: \_\_\_\_\_

Describe nature, extent and limitations of rights with respect to child: \_\_\_\_\_

**IV. EMERGENCY CONTACTS/AUTHORIZED TO RELEASE**

In case of an emergency and parents/guardians cannot be reached, the following adults should be contacted. (Required to be local; Parents must list a minimum of two individuals.) Please attach an addition sheet for more names. These individuals will be authorized to pickup otherwise indicated.

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Daytime Work Hours: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Daytime Work Hours: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Daytime Work Hours: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Daytime Work Hours: \_\_\_\_\_

**V. AUTHORIZED TO RELEASE CHILD:**

Unless otherwise authorized in writing, no one but the Sponsor/Emergency Contacts may pickup children from ECI Programs. List below other adults authorized for this purpose. A photo ID is required at time of pickup.

**Note: Additions or deletions may be made to this at any time by contacting the ECI in writing.**

**Fax # 701-672-1421**

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

5. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

6. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

7. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

8. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**VI. PERSONS NOT AUTHORIZED TO TAKE CHILD FROM THE PROGRAM:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**VII. PAYMENT AGREEMENT: PLEASE READ CAREFULLY**

**PAYMENT**

Payments are required in advance. This can range from “as far in advance as you wish” to “when you send us your child’s schedule” to “at the time your child is dropped off”. By keeping billing and receivables as low as possible, we hope to be able to pay for as many activities, field trips and extra curricular activities for the students as possible. Records of your child’s attendance and your payments are kept at the site by the site supervisor and overseen by the director, and payments may be made at the site to either the director or site supervisor, or mailed to ECI Youth Services, 321 Dakota Ave., Ste 2., Wahpeton, ND 58075. If paying with cash, **please note that ECI does not keep cash on hand**, and will not be able to give change when making a payment. When payment is made by check, please write your child’s name on the “memo” section of the check in order to credit the appropriate account.

**Scholarships for reduced tuition rates are available to all who qualify.**

ECI Youth Services began this program because it recognized the need for affordable and convenient childcare. An application for scholarship help is available from the director or site supervisor. Inform the site director if you qualify for childcare assistance. ECI will record the hours on childcare assistance forms.

Note: If financial assistance or alternative payments are needed, please contact Dan Hodgson, the Executive Director, at 701-672-1420.

ECI Youth Service’s **TAX IDENTIFICATION NUMBER IS 41-2084591**. If you are in need of an end of the year receipt for a flex plan or tax verification, please call and request one from the Site Director, 701-640-8734 or Executive Director at 701-672-1420 or e-mail schoolcare@eciyouth.org.

Questions about payments should be asked of the site director, 701-640-8734, or directed to the Executive Director- Dan Hodgson at 701-672-1420

I have read the above payment statement and agree to abide by the terms of payment.

Parent Signature \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**VIII. MEDICAL INFORMATION:**

Height \_\_\_\_\_ Weight \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Last visit to a Doctor \_\_\_\_\_

Is this child currently under medical treatment? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Does your child have any identified physical, mental emotional, or medicals conditions, which we should be aware of in order to provide better care for your child? YES NO If yes, please specify the condition and any necessary modifications or medications: \_\_\_\_\_

Does your child have any limitations for participation in this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child received any immunizations within the past year? y/n If yes, please provide proper documentation.

Are there any medications that your child regularly takes? YES NO If yes, please list below.

Will your child need to take medication while at ECI? Yes No. If yes, please request and complete a Medication Permission Request Form.

Does your child have any food, medication, or environmental allergies? YES NO If yes, please describe, including the nature of the reaction and the usual treatment:

Is a modified diet necessary? Yes NO If yes, please describe: \_\_\_\_\_

What is the status of the child's: VISION \_\_\_\_\_ HEARING \_\_\_\_\_ SPEECH \_\_\_\_\_

Is any condition present, which may result in a medical emergency? YES NO If yes, please explain

IX. MEDICAL RELEASE

In case of an emergency involving the child on this enrollment form, I authorized ECI School Care to get care for my child, using the information in the medical section for emergency medical treatment under the following conditions:

- 1. An emergency or unanticipated condition requiring action for the preservation of the life or health of my child has occurred.
2. Reasonable attempts to contact Sponsor/Co Sponsor/Emergency Contacts have failed, or there is not time to make such attempts before getting the child medical treatment.

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Medical Conditions: Please circle any that apply for your child.

- \* asthma
\* diabetes
\* heart condition
\* seizure disorders
\* Attention Deficit Hyperactivity Disorder (ADHD)
\* Mild to Moderate Mental Impairment (MMM)
\* Moderate to Severe Mental Impairment (MSM)
\* Early Childhood Special Education (ECSE)
\* Emotional/Behavioral Disturbed (EBD)
\* Other - please specify: \_\_\_\_\_
\* Attention Deficit Disorder (ADD)
\* Depression Disorders
\* Visual Impairment
\* Specific Learning Disability (SLD)
\* Autism/ Autism Spectrum Disorder
\* Hearing Impairment
\* Speech Impairment
\* Physical Disability
\* Developmentally Delayed

X. SPECIAL NEEDS CHILDREN

A meeting with the Executive Director and parent is required prior to attending to determine if FYC is appropriate for the child's needs only when specific modifications in program delivery and/or participation is required.

Child requires modifications in daily program due to special needs: (please circle) YES NO

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Parent's Statement of Discipline

I understand that at time some form of discipline may be necessary for my child(ren). I would prefer that my child(ren) be handled as described below: (According to child care licensing regulations discipline must be constructive or educational in nature and may include diversion, separation from the problem situation, talking with the child about the situation, praise for

appropriate behavior, and gentle physical restraint, such as holding. Children may not be subjected to physical harm, fear, or humiliation. No child may be punched, spanked, shaken, pinched, bitten, roughly handled or struck by the childcare provider or any other adult in the facility.) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**XII. CONFIDENTIALITY AND MANDATED REPORTING:**

Everyone on our professional and volunteer staff must obey all professional and legal standards concerning your child and family confidentiality. ECI recognizes each individual’s basic human and legal rights. It is ECI School Care’s policy that all staff, caregivers and volunteers treat individuals with dignity and respect. Physical abuse, verbal abuse or neglect of any individuals within or outside of the ECI program is forbidden. Any staff member, caregiver or volunteer who has knowledge of abuse or neglect of an individual MUST report this information to the Executive Director, as well as to Social Services as required by North Dakota Century Code 50-25.1.

I certify that I have read the above statement and fully understand the confidentiality and mandated reporting section.

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**XIII. Child Pick-Up Policy: All ECI sites close at 6:00 p.m. daily**

It is the policy of ECI School Care that a child will not be released to any individual who is not named on this registration form as a Parent/Guardian/Sponsor or indicated as an authorized pickup. Verbal permission by the parent is not permitted. Any changes must be made to the administration office in writing by the Parent/Guardian/Sponsor. A photo ID is required at time of pickup. It is also our policy that if a child is not picked up by 7:00 p.m. and every attempt has been made to locate Parent/Guardian/Sponsor, ECI will contact the local Police Department for assistance.

Parents must sign their child out from the site when removing them from ECI care. This is a liability release and safety issue requirement. Parent cooperation is greatly appreciated.

In the event that you must drop off or pick-up your child during field trip activities, advance notice to ECI is required in order for a safe and appropriate exchange. A child pick-up waiver will be required to be signed. Please understand that having children dropped off and/or picked up during field trip activities is in direct opposition to ECI safety practices.

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**ECI Release Statements**

*Signatures in all areas are required*

ECI School Care does carry liability insurance.

**1. Program**

I agree to abide by the terms and conditions of ECI School Care program policies as stated on this enrollment form and in the Parent Handbook.

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**2. Transportation**

I authorize ECI School Care to pick up and deliver the child named on this enrollment form to participate in the ECI School Care and related activities. I understand that ECI may contract with a third party transportation.

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**3. Special Education...only applies to children currently being served by Special Education**

I authorize ECI School Care to talk to current Special Education school instructors in order to promote a smooth transition of services from school to after school to after school programming when needed.

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**4. Antidotes and Pictures**

I grant permission to ECI School Care to use names, pictures, news media coverage, and antidotes for the purpose of educating the public to the services available. YES \_\_\_\_\_ NO \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**IV. SCHEDULE**

All changes on the attendance schedule require a 3-business day advanced notice. Contact the director or site supervisor at each site, or call 701-640-8734, or 701-640-8736, or e-mail to [schoolcare@eciyouth.org](mailto:schoolcare@eciyouth.org).

Children’s attendance schedules that change week-to-week must be received by 6:00 p.m. each Thursday for the next week. Schedules may be phoned to 701-640-8734 or brought to the site supervisors, keeping in mind the required 3-business day notice for schedules that are not submitted on Thursdays. A written schedule is recommended. Parents should never assume ECI knows what schedule they want. Please be specific with dates and times of attendance.

**Tuition Rates “School Year”**

For your information: Childcare may be contracted separately for the school year and the summer months. For the summer or new school year parents must fill out a separate enrollment form or verify each page of the current form. Previous enrollment does not guarantee a spot.

**Program Rates per child per day:**

Morning Only (6:45-school begins)	\$3.00 per day	
Afternoon Only (after school until 4:30 PM)	\$5.00 per day	
Afternoon Only (after school until 6:00 PM)	\$8.00 per day	
Before & After School until 4:30 PM	\$8.00 per day	
Before & After School until 6:00 PM	\$10.00 per day	Summer – 5 hours or less
All Day Care (when school is not scheduled)	\$20.00 per day	Summer all day
Unscheduled Services	\$20.00 per day	
Unscheduled Services (all day care)	\$30.00 per day	

ECI sites close at 6 p.m. There will be a \$10.00 late charge for every 15 minutes after closing.

Any unscheduled dates of attendance will be charged the unscheduled services fees. Nonattendance on requested dates will be charged the daily rate. Please notify us if child is scheduled and will not be attending.

The All Day programming runs from 6:45 AM to 6:00 PM when Public School is not in session. Scheduling opens one month in advance. Due to limited space parent must request all day programming dates. **The monthly ECI calendar or parent letter will post the cut-off dates for requesting all day programming.** Calendars are in the student/parent file box or mailed with statements the prior month. **All-Day Program Rate = \$20.00 per day. Unscheduled Services = \$30.00 per day pending available space.**

**THIS SURVEY INFORMATION IS VOLUNTARY**

**Note: Completing this portion of the registration/release form will provide us with statistical information (without any identifying information) that may be used for grant writing purposes and scholarship purposes to help us better serve children in ECI program.**

**Ethnicity:** Please check the ethnic group(s) of your family.

- Caucasian  Hispanic-American  Asian-American  African-American  American-Indian
- Other-please specify: \_\_\_\_\_

**Income Levels:** Please check the income range, which best identifies your family.

- 0-\$5,000  \$5,001-10,000  \$10,001-15,000  \$15,001-20,000  \$20,001-30,000
- \$30,000-40,000  \$40,001-50,000  \$50,001-60,000  \$60,001-70,000  \$70,001 +

**Family Structure:** Please check the structure, which identifies your family.

- Blended (Step) Family       Single-Parent (female)       Single-Parent (male)       Traditional
- Other-please specify: \_\_\_\_\_

### **CHILD’S SCHEDULE WITH ECI SCHOOL CARE**

**Please circle days attending.**

- |  |        |         |           |          |        |
|--|--------|---------|-----------|----------|--------|
| <input type="checkbox"/> AM School Program | Monday | Tuesday | Wednesday | Thursday | Friday |
| <input type="checkbox"/> PM School Program | Monday | Tuesday | Wednesday | Thursday | Friday |
| <input type="checkbox"/> Summer Program    | Monday | Tuesday | Wednesday | Thursday | Friday |

**PLEASE CHECK ONE:**

\_\_\_\_\_ Schedule indicated on this form will remain the same until further notice is given.

\_\_\_\_\_ Schedule indicated will only be valid for the first week of attendance. Thereafter I will notify ECI with specific dates of attendance. ECI reserves the option to charge the \$20 unscheduled fee for an unscheduled attendance. This fee applies to either the morning or afternoon program.

**XV. WALKING HOME SCHEDULE:**

Is your child allowed to walk home? YES    NO

Please specify a **Release Time:** \_\_\_\_\_

**Walking home schedule will be Monday through Friday unless otherwise indicated.**

**Any changes in Release Time must be made in writing to the Administration Office.**

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**XVI. CHANGES TO CHILDRENS SCHEDULE:**

The following individuals have my permission to make changes to the registered child’s schedule:

1. \_\_\_\_\_
2. \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**XVII. ACCESS & MODIFICATIONS TO CHILD’S RECORDS:**

The following individuals have my permission to make changes to the registered child’s records. This includes the authorization to make any changes to the registration form of the registered child.

1. \_\_\_\_\_
2. \_\_\_\_\_

Parent Signature \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**Bring completed form to Central Elementary School during the school year. Bring form to Zimmerman school during the summer months or mail to 321 Dakota Ave., Ste 2.. Wahpeton, ND 58075**

**March 2008**