

Please print packet single-sided.

Please call the center for any questions.



Dear Parents,

Welcome! Thank you for your interest in Excel Preschool! At Excel, we strive to help prepare your child for the academic world by nurturing an early interest in learning and encouraging hands-on learning experiences by providing a high-quality early learning option for you and your family. Concepts emphasized include language, STEM, creative arts, and social development.

Excel is proud to implement the Frog Street curriculum which offers a well-rounded scope of activities in all the developmental domains. Conscious Discipline and Preschool Life Skills guides us in our behavioral, social, and emotional domains. Children are also given time to plan and reflect on their activities each day to encourage task preparation as well as language and thought organization.

At Excel, we pride ourselves on offering you and your child a quality early learning experience. Our assessments track your child's development, and we use those assessments to develop a plan to support your child in both their strengths and any weaknesses.

Excel welcomes parent check-ins any time during operating hours. Doors will be locked throughout the day for child safety. Parents need only check in at the front desk if they would like to observe.

Additional questions, please contact us!

Please complete this registration packet and return it to the front desk at the address listed below at least 2 WEEKS PRIOR TO START.

Excel Preschool
4500 Industrial Park Rd, Stevens Point
715-544-0832



2K & 3K Preschool Supply List

NOTE: 4K Supply List is organized by the Stevens Point School District

On the first day of preschool, Excel Preschool requests each child come with some materials to share with the entire classroom. Do not label these items. These items include:

- 2 boxes of thick Crayola markers, any quantity
- 4-pack of Play-Doh
- 3 boxes of Kleenex
- 2 boxes/bags of crackers, cereal, or another dry snack
- 2 boxes gallon-size Ziploc bags (any brand is fine)
- **3K ONLY:** 1 journal-sized, lined, or unlined, spiral notebook (Should be approx. half the size of a regular notebook. This is used for your child to journal in throughout the year and sent home for you to keep at the end of the year.)

Each day, children should come to school with the following labeled with their name:

- 1 backpack
- 1 water bottle
- 1 full-set change of clothing (to be left in backpack) - socks, underwear, pants, shirt
- Diapers, wipes as needed
- **AFTERCARE/FULL-DAY WRAP STUDENTS ONLY:** 1 child-sized nap mat with attached blanket (to stay at school)
- **AFTERCARE/FULL-DAY WRAP STUDENTS ONLY:** 1 packed cold lunch daily

Please note: We try to plan fun and sometimes messy activities for the students on a regular basis. Please keep this in mind when dressing your child each day. We recommend clothing that you are okay with getting a little messy!

UPDATED CHILD AND ADULT CARE FOOD PROGRAM MEAL PATTERNS:

CHILD AND ADULT MEALS



USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. Under the updated child and adult meal patterns, meals served will include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. The changes made to the meal patterns are based on the Dietary Guidelines for Americans, scientific recommendations from the National Academy of Medicine, and stakeholder input. CACFP centers and day care homes must comply with the updated meal patterns by October 1, 2017.

Updated Child and Adult Meal Patterns



Greater Variety of Vegetables and Fruits

- The combined fruit and vegetable component is now a separate vegetable component and a separate fruit component; and
- Juice is limited to once per day.



More Whole Grains

- At least one serving of grains per day must be whole grain-rich;
- Grain-based desserts no longer count towards the grain component; and
- Ounce equivalents (oz eq) are used to determine the amount of creditable grains (starting October 1, 2019).



More Protein Options

- Meat and meat alternates may be served in place of the entire grains component at breakfast a maximum of three times per week; and
- Tofu counts as a meat alternate.



Age Appropriate Meals

- A new age group to address the needs of older children 13 through 18 years old.



Less Added Sugar

- Yogurt must contain no more than 23 grams of sugar per 6 ounces; and
- Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.



Making Every Sip Count

- Unflavored whole milk must be served to 1 year olds; unflavored low-fat or fat-free milk must be served to children 2 through 5 years old; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk must be served to children 6 years old and older and adults;
- Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to children or adults with medical or special dietary needs; and
- Yogurt may be served in place of milk once per day for adults only.



Additional Improvements

- Extends offer versus serve to at-risk afterschool programs; and
- Frying is not allowed as a way of preparing foods on-site.

Breakfast Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup
Vegetables, fruit, or both	¼ cup	¼ cup	½ cup	½ cup	½ cup	½ cup	½ cup	½ cup
Grains	½ serving	½ oz eq*	½ serving	½ oz eq*	1 serving	1 oz eq*	2 servings	2 oz eq*

*Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week.
Oz eq = ounce equivalents

Lunch and Supper Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup*
Meat and meat alternates	1 oz	1 oz	1 ½ oz	1 ½ oz	2 oz	2 oz	2 oz	2 oz
Vegetables	¼ cup	⅛ cup	½ cup	¼ cup	¾ cup	½ cup	1 cup	½ cup
Fruits		⅛ cup		¼ cup		¼ cup		½ cup
Grains	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1 oz eq	2 servings	2 oz eq

*A serving of milk is not required at supper meals for adults
Oz eq = ounce equivalents

Snack Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	½ cup	½ cup	1 cup	1 cup	1 cup	1 cup
Meat and meat alternates	½ oz	½ oz	½ oz	½ oz	1 oz	1 oz	1 oz	1 oz
Vegetables	½ cup	½ cup	½ cup	½ cup	¾ cup	¾ cup	½ cup	½ cup
Fruit		½ cup		½ cup		¾ cup		½ cup
Grains	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1oz eq	1 servings	1 oz eq

Select 2 of the 5 components for snack.
Oz eq = ounce equivalents

Note: All serving sizes are minimum quantities of the food components that are required to be served.



Attention Families!

We are thrilled to announce that we are launching a new and exciting program called **HiMama!**



What is HiMama?

HiMama will be used by our educators to record activities and to document updates throughout the day.



What will HiMama do for me?

HiMama will keep you in the loop- all day long! Whether it be at work, home, or on the go through HiMama's mobile app, you'll never miss a moment!



Amazing! What should I do next?

You can download "HiMama - The Childcare App". Check your email inbox - we'll be sending your invitation shortly!

Want to learn more? Visit www.himama.com!



DCF 251.04 Operational requirements.**(1) TERMS OF A LICENSE.**

(a) The number of children in care at any one time may not exceed the licensed capacity of the center.

(b) The age of children served by a center may not be younger or older than the age range specified in the license.

(c) The hours, days and months of a center's operation may not exceed those specified in the license.

(2) ADMINISTRATION. A group child care center licensee shall do all of the following:

(a) Comply with all laws governing the facility and its operation.

Note: Under the state public accommodation law s. 106.52 (3), Stats., federal law related to use of federal funding, and some local anti-discrimination ordinances, denying admission on the basis of race, disability, religion, or certain other characteristics may be illegal.

(b) Comply with all requirements of this chapter.

(bm) Comply with all conditions placed on the license.

(c) Ensure that all information provided to the department is current and accurate.

(d) If residing in another state, designate in writing, as part of the application under s. DCF 251.11 (2) and (3), a Wisconsin resident who is responsible on behalf of the licensee for ensuring compliance with all requirements of this chapter.

(e) Meet, upon request of the department, with a licensing representative on matters pertaining to the license.

(f) Prior to receiving or continuing a license, complete all application forms and pay all fees and forfeitures due to the department.

(g) Submit to the department a certificate of insurance that meets the following conditions:

1. The certificate of insurance shall have coverage dates for all of the following types of insurance:

a. General liability insurance with limits of not less than \$25,000 for each person and not less than \$75,000 for each occurrence.

b. Vehicle liability insurance with minimums not less than the amounts specified under s. 121.53, Stats., if transportation is provided by the center.

c. Vehicle liability insurance for non-owned vehicles with minimums not less than the amounts specified under s. 121.53, Stats., if transportation is provided in vehicles that are not owned by the center and are not public transportation vehicles or chartered vehicles.

2. The certificate of insurance shall indicate that pets are included in the liability coverage if cats or dogs are permitted in areas of the center accessible to children during the hours of operation.

(h) Develop, submit to the department, and implement written policies consistent with the requirements of this chapter on all of the following subjects:

1. Fee payments and refunds.

2. Personnel, including job descriptions, hours of work, lunch and break times, holidays, vacations, sick leaves, leaves of absence, probationary periods, performance evaluations, grievance procedures and the disciplinary process. The personnel policy shall contain a procedure that requires staff to notify the licensee and the licensee to notify the department as soon as possible but no later than the next business day when any of the following occurs:

a. The employee has been convicted of a crime.

b. The employee has been or is being investigated by any governmental agency for any other act, offense, or omission, including an investigation related to the abuse or neglect or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client's property.

251.04(2)(h)2.c.

c. The employee has a substantiated governmental finding against them for abuse or neglect of a child or adult or for misappropriation of a client's property.

d. When a professional license held by an employee has been denied, revoked, restricted or otherwise limited.

3. Discharge of enrolled children.

4. Admission.

5. Health care. If the center is licensed to care for children under one year of age, the policies shall include procedures to reduce the risk of sudden infant death syndrome.

6. Education.

7. Nutrition, including accommodating children with food allergies.

8. Child guidance, including appropriate ways to manage crying, fussing, or distraught children.

9. Emergency plans to be followed in the event of a fire, tornado, missing child, or other emergency.

10. Continuing education for staff.

11. Orientation of new staff and volunteers.

12. Transportation, if the center will transport children either on field trips or on a regular schedule. The policy shall include a procedure to ensure that no child is left unattended in a vehicle.

(j) Ensure that all published statements such as brochures and publicity releases are accurate.

(k) Post the child care license near the entrance or in some other conspicuous area of the center that is visible to the public.

(L)1. Post next to the child care license all of the following:

a. The current licensing statement of compliance or a noncompliance statement and correction plan, including any rule violations the department has not verified as corrected and in compliance.

b. Any notice from the department regarding rule violations, such as a warning letter or enforcement action.

c. Any stipulations, conditions, temporary closures, exceptions, or exemptions that affect the license.

2. All items posted as required under this paragraph shall be visible to parents.

(m) Ensure that any action, by commission or omission, or any condition or occurrence relating to the operation or maintenance of the child care center does not adversely affect the health, safety or welfare of any child under the care of the licensee.

(n) Submit to the department by the department's next business day a completed background check request form if any of the following occurs:

1. A change in the board president or chairperson.

2. A corporation or limited liability company designates a new person to be subject to the background check.

3. A household member turns 18 years of age, unless the household member has previously submitted a background check request form.

4. A household member turns age 10 years of age.

(o) Submit to the department a completed background check request form for each potential household member prior to the date on which the person becomes a household member, unless the person is less than 10 years of age.

Note: The Background Check Request form is available electronically through the Child Care Provider Portal or at <https://dcf.wisconsin.gov/forms>. A paper version is available from any regional licensing office listed in Appendix A.

(p) Submit a current delegation of administrative authority signed by the licensee that outlines the organizational structure and designates, in a chain of command form, those persons on the premises in charge of the center for all hours of operation.

251.04(3)

(3) REPORTS. The licensee shall report to the department all of the following. If the report is made by telephone, the licensee shall submit a written report to the appropriate regional licensing office within 5 business days of the incident. Fax, e-mail, and letter are acceptable ways of filing a written report:

(a) Any incident or accident that occurs while the child is in the care of the center that results in professional medical evaluation within 24 hours of the licensee becoming aware of the medical evaluation.

Note: The licensee may use either the department's form, Incident Report – Child Care Centers, or the licensee's own form to report incidents or accidents. The form is available on the department's website, <https://dcf.wisconsin.gov/cclicensing/ccformspubs>.

(am) Any death of a child in care, within 24 hours after the death.

Note: The licensee may use either the department's form, *Incident Report - Child Care Centers*, or the licensee's own form to report the death of a child in care. The department's form is available at <https://dcf.wisconsin.gov/cclicensing/ccformspubs>.

(ar) Any injury caused by an animal to a child in care, within 24 hours after the incident.

(b) Any damage to the premises that may affect compliance with this chapter, or any incident at the premises that results in the loss of utility services, within 24 hours after the occurrence.

(c) A change in the administrator or center director of a child care center, within 30 days after the change.

(d) A change of any program service, including expected temporary closures lasting more than 2 weeks, at least 5 days prior to the change.

(dm) Unexpected closures lasting more than 2 weeks, within 24 hours after the center has been closed for a 2-week period.

(e) Statistical data required by the department on forms provided by the department.

(f) If requested by the department, a plan of correction for cited violations of this chapter or ch. 48, Stats., in a format specified by the department. The department shall receive the plan of correction by the date the department specifies and be approved by the department licensing representative.

Note: The licensing representative will notify the licensee if a plan of correction is required and provide the plan of correction format with the notification.

(g) Any known convictions, pending charges or other offenses of the licensee, group child care center employees or other person subject to a child care background check that could potentially relate to the care of children at the center or activities of the center by the department's next business day.

(h) Any change in room usage, such as changing the way rooms are primarily used by children or using rooms not previously approved for use at least 20 working days prior to the change. Changes in room usage shall be approved by the department prior to the change.

(i) Any incident related to a child who leaves the premises of the center without the knowledge of the provider or any incident that results in a provider not knowing the whereabouts of a child in attendance at the center within 24 hours of the occurrence.

(j) Any suspected abuse or neglect of a child by an employee or volunteer that was reported under s. DCF 251.04 (8), including any incident that results in a child being forcefully shaken or thrown against a surface, hard or soft, during the child's hours of attendance, within 24 hours after the occurrence.

(jm) Any prohibited actions specified in s. DCF 251.07 (2) (e) by an employee or volunteer to a child in care, within 24 hours after the incident.

(k) Any incident involving law enforcement within 24 hours after the occurrence that:

1. Involves a licensee, a household resident or an employee of the center in an incident that causes, or threatens to cause, physical or serious emotional harm to an individual, including a child in the care of the center.

251.04(3)(k)2.

2. Involves any traffic-related incident where a person responsible for the violation transports children in the care of the center.

(L) Any construction or remodeling on the premises that has the potential to affect an area accessible to children or a condition of the license. Notification shall be provided in writing before the construction or remodeling begins.

Note: See s. DCF 251.11 (5) (a) for items that affect a condition of the license.

Note: Alterations, additions, or changes of use to commercial buildings may require submittal of plans to and approval by the Department of Safety and Professional Services or its agent before commencing construction. It is recommended that an architect or engineer be consulted prior to the beginning of any construction or remodeling to determine whether plans must be submitted.

(m) Any confirmed case of a communicable disease reportable under ch. DHS 145 in a child enrolled at the center or a person in contact with children at the center, within 24 hours after the center is notified of the diagnosis. The licensee shall also notify the local health department within 24 hours after the center is notified of the diagnosis.

(n) Any change in meal preparation arrangements, at least 5 calendar days before the change. Centers adding meal preparation after an initial license has been issued shall document compliance with building codes related to kitchens before beginning to prepare meals on the premises.

(o) Any change in transportation services, at least 5 calendar days prior to the change.

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance - admin only
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PARENT OR GUARDIAN – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
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Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
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Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
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AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.

Yes No This person is authorized to pick up the child.

Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number
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AUTHORIZATIONS

- Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- Yes No I give permission for my child to participate in Transported Walking field trips and other activities during operating hours.
- Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center. **No pets are in attendance at Excel Preschool.**

SIGNATURE – Parent or Guardian	Date Signed
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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., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. 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)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
Home Address (Street, City, State, Zip Code)		

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

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address	Telephone Number
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<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.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

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.

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

 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 – Child Care Centers* 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: _____



CENTER NAME: EXCEL PRECHOOOL

Participation Agreement

to email and publish my child's work, photographs or videos via HiMama

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "**Program**"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit www.himama.com. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child's Name: _____

My Name: _____

My Email: _____

Signature: _____ Date: _____

Note: Please complete the Participation Agreement for each parent / guardian of the child.

Please let us know which additional adults you would like to have access to your child's daily information on the HiMama app!

Simply add their names and email addresses below and instructions will be sent to that email address!

Child's Name:

Name (First & Last)	Relationship to Student	Email Address

Signature

Date



PARENT INTERVIEW

Child's Name: _____

Date of Birth: _____

Child's Nicknames (name he/she is typically called): _____

Parent Names: _____

***Parents:** Please complete the following interview by writing your response in the boxes provided. Skip any questions that are not relevant to your child.*

HOME

Who lives in the home with you and your child? <i>(List all siblings and ages)</i>	
Any religious or cultural considerations staff should be aware of?	
What languages are spoken in the home?	

HEALTH

List any diagnosed medical/developmental conditions.	
List any special health needs or concerns.	
List any allergies, sensitivities or intolerances & instructions.	

DEVELOPMENT

What are some of your child's interests?	
What are some things your child is good at?	
What are some things your child finds more difficult or frustrating?	
How does your child currently communicate his/her wants and needs?	
Any concerns with your child's speech?	Describe:
Does your child have Birth to 3 services or an IEP?	<i>(If so, please attach the IFSP or IEP.)</i>
Does your child engage in problem behavior such as kicking or hitting others or hitting him/herself?	Describe:

BATHROOM

Is your child potty trained? If no, describe current toileting or diapering routine/training.	
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Please list anything else you would like us to know about your child here:



EXCEL POLICY

By signing below, you indicate that you have reviewed the entire list of policies and procedures outlined in the official Parent & Family Handbook. The handbook can be found on the website www.excelwi.org.

Please label EVERY individual item that belongs to your child (i.e. each mitten, shoe, sock, toy, cup, spoon, lunchbox, backpack etc.) with his/her first two initials of the first and last name (i.e. JaDo).

Fill out ONLY if applicable:
Custodial parent name: _____. As a condition of enrollment, a copy of the custody decree indicating primary placement and current custody agreement for the child **MUST** be on file.

By signing below, you acknowledge you have read through the handbook and policies in its entirety and understand and agree to all policies and announcements outlined here and in the Excel Parent & Family Handbook.

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Print Child Name



FINANCIAL AGREEMENT & FEE SCHEDULE

Submission of this form does not guarantee schedule requested. Schedule is subject to classroom availability.
 Tuition includes breakfast and snacks. Child must be 2 years old to attend.
 Aftercare/Wrap Around students must pack a lunch from home.

Child's Name: _____ Child's DOB: _____

Students must be 2 years old to begin 2K. Students must be 3 years of age on or before Sept 1 of current school year to start 3K.

	MARK SELECTION	SCHEDULE	DAYS	WEEKLY TUITION	AFTERCARE	WEEKLY TUITION w AFTERCARE
2K & 3K	<i>Drop Off: 7:30am – 8am Pick Up: 12:00pm</i>			<i>Pick up by 5:00pm</i>		
		2 days	Mon/Wed	\$110	No Yes	\$160
		2 days	Tues/Thurs	\$110	No Yes	\$160
		3 days	<i>Circle which days:</i> Mon Tues Wed Thurs	\$140	No Yes	\$215
		4 days	Mon - Thurs	\$150	No Yes	\$250

4K	<i>Wrap Care</i>		WEEKLY TUITION	
		Full day Wrap ¹	Mon – Thurs	\$175
		Half day Wrap ²	Mon – Thurs	\$50

1. Full-day wrap allows your child to attend Excel from 7:30am to 5pm. Must be enrolled in Excel Preschool 4K **MORNING SECTION** through Stevens Point School District and must pack a lunch from home. This service provides care for your child outside of the 4K class time. Full day wrap students can attend on non-4K days. This is an optional addition to SPAPSD's free 4K program.

2. Half-day wrap allows you to drop off your child as early as 7:30am and pick up by noon. Breakfast is provided if student arrives by 8am when breakfast is served. This is a good option for parents with younger siblings enrolled in our half day 2K or 3K program so drop off and pick up can be at the same time. Half day wrap students do not attend on non-4K days.

Financial Agreement effective January 2021:

- Fees for services are subject to change and a 30-day written notice will be provided, when possible, if changes occur.
- The parent/guardian is expected to pay any outstanding personal balance in full each month or according to the agreed upon payment schedule.
- Should financial hardship arise, the parent/guardian should contact Excel immediately to arrange a satisfactory means for addressing the obligation.

- It is understood that Excel, with proper notice, may suspend services if at any time it is determined that satisfactory progress is not being made to retire the outstanding debt.

By signing below, I agree to the financial schedule selected for my child _____ (*child name*) and understand it is subject to change. I also understand the Fee Charges and Yearly Registration Fee. I accept responsibility for the charges as outlined in the policies and agreements.

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Parent DOB



BANK TRANSFER AUTHORIZATION FORM

I authorize Excel Preschool/Arrow Academy Inc. to electronically debit my bank account according to the terms outlined below for my child, _____ (child's name). I acknowledge that electronic debits against my account must comply with United States law.

Bank account information: Checking OR Savings

Routing Number

Account Number

Payment is processed every other Monday in the totaled amount specified and signed to from the Financial Agreement. Payments are processed in advance of the services being rendered and begin upon the Monday of the week of first attendance.

This payment authorization is to remain in effect until I notify Excel of the child's disenrollment in the program with proper advanced written notice from the parent/guardian in enough time for the business and receiving financial institution to have reasonable opportunity to act on it. I certify that I am an authorized user of this bank account and that I will not dispute the payment with my bank; so long as the transaction corresponds to the terms indicated in this form.

Printed Name

Signature

Date

E-mail Address

Phone Number

ATTACH VOIDED CHECK HERE



PICTURE/VIDEO RELEASE

Child Name: _____

Date of Birth: _____

Excel uses photographs and/or videos of children receiving services in our school for marketing, website development, child learning or staff training.

I have indicated below that photographs/digital images, video clips, and/or quoted remarks may be used as follows: (circle all that you authorize)

Yes	No	Pictures used internally for child learning such as crafts or in-room art
Yes	No	Video used to train staff or provide feedback to staff on curriculum instruction
Yes	No	Printed publication or materials (such as newsletters, brochures, marketing materials)
Yes	No	Electronic publications or presentations (TV or another broadcast media)
Yes	No	Website and social media (Excel website, Facebook)

I authorize the use of these materials (as indicated above) indefinitely without compensation to me. All prints, digital reproductions and video or audio recordings shall be the property of Excel.

Parent/Legal Guardian Signature

Date

IMPORTANT

You must take the following documents to your child's pediatrician to sign and complete.

Packets with missing immunization and health reports WILL NOT be processed for enrollment.

State licensing requires immunization records and health report be on file for your child.

Child Health Report – Child Care Centers

Use of form: Use of this form is required unless the health examination report is on an electronic printout from a licensed physician, physician assistant, or other EPSDT provider. Completion of this form meets the requirements of DCF 202.08 (4), DCF 250.04 (6) (a) 4. and DCF 251.04 (6) (a) 8. 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. Each child 2 years of age but who is not 5 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 other EPSDT provider to be completed, signed, and dated. The licensee / operator 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 includes a copy of the child's immunization record when submitting this form to the child care center.

PARENT OR GUARDIAN – This section should be completed by the parent or guardian

Child's Name (Last, First, MI)

Child's Birthdate (mm/dd/yyyy)

Child's Address (Street, City, State, Zip Code)

Parent or Guardian Name (Last, First, MI)

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

HEALTH PROFESSIONAL – This section should be completed by the health professional

Instructions for feeding and care of child with special health concerns – Specify: (attach information as necessary).

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

Yes No Does this child have any food or non-food allergies? If "Yes," specify and include the treatment plan to be implemented in the event of an allergic reaction.

Date of child's 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 other EPSDT Provider (type or print)

Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA, or other EPSDT Provider

Date of Examination

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

STEP 1	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-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>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 ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella

¹If the child began the Hib series at 12-14 months of age, only two 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 four days or less before the first birthday is also acceptable).

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

³MMR vaccine must have been received on or after the first birthday (Note: a dose four days or less before the first birthday is also acceptable).

⁴Children entering kindergarten must have received one dose after the fourth birthday (either the third, fourth or fifth) to be compliant (Note: a dose 4 days or less before the fourth 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 \$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