

## ENROLLMENT PROCEDURES & CHECKLIST

### FORMS ENCLOSED/ ENROLLMENT PROCESS CHECK LIST:

- \_\_\_\_\_ Register online [www.wccns.org](http://www.wccns.org) (complete first) - Due by your Priority Status Date
- \_\_\_\_\_ Application for Enrollment – Due by your Priority Status Date
- \_\_\_\_\_ Student Information & Emergency Form (2-sided) – Due by your Priority Status Date
- \_\_\_\_\_ Child Information Form (5 pages) – Due by your Priority Status Date
- \_\_\_\_\_ Tuition Agreement Form – Due by April 15th
- \_\_\_\_\_ Health Summary Form – Due by April 15th
- \_\_\_\_\_ Immunization Record – Due by April 15th

*The confirmation letter enclosed will indicate your child's assigned session. If your child is placed in a second or third choice class, the child will be put on a waiting list for the first choice class.*

*Children will be considered FULLY ENROLLED on April 15th when:*

- 1. The Online Registration Form is complete.*
- 2. The NON-REFUNDABLE first tuition installment has been paid.*
- 3. The Immunization Form returned & completed by a doctor*
- 4. The Health Care Summary has been signed by a physician or stamped by the clinic*
- 5. The Tuition Agreement Form has been signed and returned.*

*Failure to complete and return these forms by April 15th could result in the loss of your class placement.*



**WCC Nursery School**  
Est. 1955

125 East Wayzata Blvd.  
Wayzata, MN 55391  
(952) 473-2114

Date \_\_\_\_\_

## Student Information and Emergency Form

2019-2020 Program Year

<b>Child's Name:</b>	Date of Birth:
Address:	Gender:      Female      Male
City:                      Zip:	Nickname:

<b>Parent/Guardian 1:</b> Name: Address: (If different than above.)	<b>Parent/Guardian 2:</b> Name: Address: (If different than above.)
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Occupation/wk hours:	Occupation/wk hours:
Email:	Email:

<b>Emergency Contact 1:</b> (Not parent/guardian)	<b>Emergency Contact 2:</b> (Not parent/guardian)
Address:	Address:
Phone:	Phone:

### Persons authorized to pick up including Carpools/Nanny, etc., AND above contacts:

1.	Ph. #/Relationship:
2.	Ph. #/Relationship:
3.	Ph. #/Relationship:

### Any Persons NOT authorized to pick up child:

1.	2.
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### Medical Information:

<b>Physician:</b>  Address:	<b>Phone Number:</b>
<b>Dentist:</b>	<b>Phone Number:</b>

**Allergies:**

**Medications:**

## **PERMISSION AUTHORIZATIONS**

2019-2020 Wayzata Community Church Nursery School Programs

CHILD'S NAME \_\_\_\_\_

PARENT(S) NAME(S) \_\_\_\_\_

### **I. SPECIAL AUTHORIZATIONS:**

I give permission to WCC Nursery School for the following. **Please Initial to authorize or cross out any if you do NOT authorize.**

- \_\_\_\_\_ To take my child on supervised walking field trips. Parents receive a special field trip permission note for bus trips.
- \_\_\_\_\_ To include our family information in the NS Family Directory.
- \_\_\_\_\_ To take photographs of my child to be used for classroom purposes such as class photo album, class projects, special day display boards, etc.
- \_\_\_\_\_ To take video or photographs of my child on special days in the classroom or for special events at WCCNS. When specific children are video taped for observation a special permission note is sent to parents.
- \_\_\_\_\_ To use my preferred email address for updates on WCCNS events, deliver E-Cubbie News, and to make me aware of any changes or updates.
- \_\_\_\_\_ To distribute our family's name, address, phone number, and email address to other families in my child's class.

### **II. EMERGENCY AUTHORIZATIONS:**

1. I give permission to the staff of Wayzata Community Church Nursery School to make whatever emergency, (e.g. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the WCCNS.
2. In case of medical emergency, I understand that my child will be transported to the closest local hospital by the emergency team (911) if the local emergency medical team (Police, Rescue Squad) deems it necessary. **ONLY** if the medical team can transport to your preferred hospital, your **preferred hospital** is \_\_\_\_\_.
3. It is understood that in some medical situations, the staff may need to contact the local emergency resource (911) before the parent, child's physician, and/or other adult acting on the parent's behalf.
4. If emergency services are needed as a result of an accident or injury, I understand that the child will be transported and treated at the expense of the school's accident policy for expenses NOT covered by my family's primary health insurance policy. I also understand that the school is not liable for payment of emergency services resulting from a pre-existing condition.

My signature indicates that I have read and understood the above Permission Authorizations and that I grant permission as indicated.

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

# Child Care Immunization Form

Must be on file **before** a child attends child care

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

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

## Parent/Guardian:

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

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

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

Type of Vaccine	DO NOT USE (✓) or (*)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
<b>Required</b> (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
<b>Diphtheria, Tetanus, and Pertussis (DTaP, DTP)</b> <ul style="list-style-type: none"> <li>3 doses during 1st year (at 2-month intervals)</li> <li>4<sup>th</sup> dose at 12-18 months</li> <li>5<sup>th</sup> dose at 4-6 years</li> </ul> Indicate vaccine type: DTaP or DTP						
					5th dose not required if 4th dose was given on or after the 4th birthday	
<b>Polio (IPV, OPV)</b> <ul style="list-style-type: none"> <li>2 doses in the first year</li> <li>3<sup>rd</sup> dose by 18 months</li> <li>4<sup>th</sup> dose at 4-6 years</li> </ul>					4th dose not required if 3rd dose was given on or after the 4th birthday	
<b>Measles, Mumps, and Rubella (MMR)</b> <ul style="list-style-type: none"> <li>Required for children 15 months and older</li> <li>1<sup>st</sup> dose on or after 1<sup>st</sup> birthday</li> <li>2<sup>nd</sup> dose at 4-6 years</li> </ul>						
<b>Haemophilus influenzae type b (Hib)</b> <ul style="list-style-type: none"> <li>2-3 doses in the first year</li> <li>1 dose required after 12 months or older</li> <li>For unvaccinated children 15-59 months, 1 dose is required</li> <li>Not required for children 5 years or older</li> </ul>						
<b>Varicella (chickenpox)</b> <ul style="list-style-type: none"> <li>Required for children 15 months and older</li> <li>1<sup>st</sup> dose on or after 1<sup>st</sup> birthday</li> <li>2<sup>nd</sup> dose at 4-6 years</li> </ul>						
<b>Pneumococcal Conjugate Vaccine (PCV)</b> <ul style="list-style-type: none"> <li>Required for children age 2 - 24 months</li> <li>3 doses in the first year</li> <li>4<sup>th</sup> dose after 12 months</li> <li>At least 1 dose is recommended for children 24-59 months in child care</li> </ul>						
<b>Hepatitis B (hep B)</b> <ul style="list-style-type: none"> <li>2-3 doses in the first year</li> <li>3rd dose (final dose) by 18 months</li> </ul>						
<b>Hepatitis A (hep A)</b> <ul style="list-style-type: none"> <li>2 doses separated by 6 months for children 12 months and older</li> </ul>						
<b>Recommended</b>						
<b>Rotavirus</b> (2-3 doses between 2 and 6 months)						
<b>Influenza</b> (annually for children 6 months or older)						

Name \_\_\_\_\_

**Instructions, please complete:**

*Box 1 to certify the child's immunization status*

*Box 2 to file an exemption (medical or conscientious)*

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

**A. Children who are 15 months or older:**

For children who are 15 months or older and who have received all the immunizations required by law for child care:

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

\_\_\_\_\_  
Signature of Parent / Guardian OR Physician /  
Nurse Practitioner / Physician Assistant / Public  
Clinic

\_\_\_\_\_ Date

**B. Children who are younger than 15 months:**

For children who are younger than 15 months OR have not received all required immunizations:

I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date. The dates on which the remaining doses are to be given are:

\_\_\_\_\_  
Signature of Physician / Nurse Practitioner /  
Physician Assistant / Public Clinic

\_\_\_\_\_ Date

**2. Exemptions to Immunization Law.** Complete A and/or B to indicate type of exemption.

**A. Medical exemption:**

No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see \* below). List exempted immunization(s):

\_\_\_\_\_  
Signature of physician / nurse practitioner / physician  
assistant

\_\_\_\_\_ Date

\*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in \_\_\_\_\_ (year)

\_\_\_\_\_  
Signature of physician / nurse practitioner /  
physician assistant (If disease occurred before  
September 2010, a parent can sign.)

**B. Conscientious exemption:**

No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_ Date

Subscribed and sworn to before me this:

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of notary (A copy of the notarized statement  
will be forwarded to the commissioner of health.)

**Wayzata Community Church Nursery School**  
**Tuition Agreement**  
**2019-2020 Program Year**

**Child's Name** \_\_\_\_\_

**Parent's Name(s):** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Work Phone(s)** \_\_\_\_\_

(Please include area code)

(\_\_\_\_) \_\_\_\_\_

**I agree to the following terms and conditions regarding payment of tuition to Wayzata Community Church Nursery School:**

1. I understand that I must sign this agreement and abide by its terms in order for my child to become and remain enrolled in the school.
2. I have read and understand the Tuition Policies outlined in the WCCNS Parent Handbook.
3. I understand that I am responsible for, and agree to pay, the monthly tuition rate for my child's program. I understand that full tuition is due at the beginning of each month and that failure to pay this tuition may result in expulsion.
4. I am responsible for, and agree to pay, a \$10.00 late fee if any tuition balance is not paid in full by the 30<sup>th</sup> of each month.
5. I agree to communicate directly with the Director or Finance Director if I should have difficulty making my tuition payments. I also understand that there is financial assistance available in the form of scholarships, and that it is my responsibility to communicate with the Nursery School Director or Finance Director if I am interested in such assistance.
6. I understand that in the event that I choose to withdraw my child from the Nursery School prior to completion of the school year, I must give the Nursery School office 30 days written notice prior to such early withdrawal. I understand that I will be responsible for any tuition payments due during such 30-day term. Exceptions to this policy are subject to the discretion of the Nursery School Director.
7. I understand that I am required to pay a \$15.00 change fee for each requested change in enrollment I may make after a first change at no charge.
8. I understand that if I wish to negotiate any exceptions to the above conditions, I must do so with the Director or Finance Director in conjunction with the Nursery School Advisory Board.

**My signature indicates that I have read and understood the above conditions, and that I agree to comply with these terms.**

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## WCCNS Payment Schedule

<b>FEE</b>	<b>DUE DATE</b>	<b>REFUND POLICY</b>
\$65/\$105 Registration Fee	At time of registration	Nonrefundable
Deposit Last month (MAY) Tuition	April 15 <sup>th</sup> , 2019 Deadline to guarantee your child's slot	Nonrefundable, nontransferable after April 15 <sup>th</sup> , 2019
Sept. 2019 Installment	September 9, 2019	Nonrefundable
Oct. 2019- Mar 2020 8 installments	First of each Month	Nonrefundable
April 2020 Installment	April 2020	Last Payment

**\*\*Please note, your child's spot is guaranteed only after we receive your registration fee, deposit and completed registration forms\*\***

**SEPTEMBER 2019**

S	M	T	
	W	Th	S
	F	S	
1	2	3	
	4	5	
	6	7	
8	9	10	
	11	12	
	13	14	
15	16	17	
	18	19	
	20	21	
22	23	24	
	25	26	
	27	28	
29	30		

**2** Labor Day  
**6** Playground Day  
**9** **First Day of Classes: full day**  
**10/11** Parent Orientation Meeting  
**24** Family Visit Night

**MARCH 2020**

S	M	T	
	W	Th	S
	F	S	
1	2	3	
	4	5	
	6	7	
8	9	10	
	11	12	
	13	14	
15	16	17	
	18	19	
	20	21	
22	23	24	
	25	26	
	27	28	
29	30	31	

**26/27** Conferences:  
 WCCNS Closed  
**30-31** Spring Break:  
 WCCNS Closed

**OCTOBER 2019**

S	M	T	
	W	Th	S
	F	S	
		1	
	2	3	
	4	5	
6	7	8	
	9	10	
	11	12	
13	14	15	
	16	17	
	18	19	
20	21	22	
	23	24	
	25	26	
27	28	29	
	30	31	

**17/18** MEA: WCCNS Closed  
**25** Halloween Ball  
 (6-7:30 Mithun Hall)

**APRIL 2020**

S	M	T	
	W	Th	S
	F	S	
	1	2	
	3	4	
	5	6	
	7	8	
	9	10	
	11	12	
	13	14	
	15	16	
	17	18	
19	20	21	
	22	23	
	24	25	
26	27	28	
	29	30	

**6** Classes Resume  
**12** Easter Sunday  
**13-17** NAEYC: Week of the Young Child  
**14/15** Music & Movement Program

**NOVEMBER 2019**

S	M	T	
	W	Th	S
	F	S	
	1	2	
3	4	5	
	6	7	
	8	9	
10	11	12	
	13	14	
	15	16	
17	18	19	
	20	21	
	22	23	
24	25	26	
	27	28	
	29	30	

**7/8** Conferences:  
 WCCNS Closed  
**27-29** Thanksgiving:  
 WCCNS Closed

**MAY 2020**

S	M	T	
	W	Th	S
	F	S	
	1	2	
3	4	5	
	6	7	
	8	9	
10	11	12	
	13	14	
	15	16	
17	18	19	
	20	21	
	22	23	
24	25	26	
	27	28	
	29	30	
31			

**4-8** Teacher Appreciation  
**25** Memorial's Day:  
 WCCNS Closed



DECEMBER 2019				
S	M	T		
	W	Th		
	F	S		
1	2	3	7	Breakfast w/Santa (8:30-11:30, Mithun Hall)
	4	5	18-1	Winter Break:
	6	7	WCCNS	
8	9	10		Closed
	11	12		
	13	14		
15	16	17		
	18	19		
	20	21		
22	23	24		
	25	26		
	27	28		
29	30	31		

JUNE 2020				
S	M	T		
	W	Th		
	F	S		
	1	2	4	Last Day of Classes
	3	4	9-25	Summer Camp Session 1
	5	6		
7	8	9		
	10	11		
	12	13		
14	15	16		
	17	18		
	19	20		
21	22	23		
	24	25		
	26	27		
28	29	30		

JANUARY 2020				
S	M	T		
	W	Th		
	F	S		
	1	2	1	New Year's Day
	3	4	2	Classes Resume
5	6	7	20	M.L. King Day:
	8	9	WCCNS	
	10	11		Closed
12	13	14		
	15	16		
	17	18		
19	20	21		
	22	23		
	24	25		
26	27	28		
	29	30		
	31			

JULY 2020				
S	M	T		
	W	Th		
	F	S		
	1	2	4	Independence Day
	3	4	7-23	Summer Camp Session 2
5	6	7		
	8	9		
	10	11		
12	13	14		
	15	16		
	17	18		
19	20	21		
	22	23		
	24	25		
26	27	28		
	29	30		
	31			

FEBRUARY 2020				AUGUST 2020			
S	M	T		S	M	T	
	W	Th			W	Th	
	F	S			F	S	
		1	17 Presidents' Day: WCCNS Closed	4-20 Summer Camp Session 3			
2	3	4		24 First Day Back for Teachers			
	5	6				1	
	7	8			2	3	4
9	10	11			5	6	
	12	13			7	8	
	14	15		9	10	11	
16	17	18			12	13	
	19	20			14	15	
	21	22		16	17	18	
23	24	25			19	20	
	26	27			21	22	
	28	29		23	24	25	
					26	27	
					28	29	
					30	31	

## WCC Nursery School | 2019-2020 CALENDAR