

**MAHNOMEN CHILD CARE LEARNING CENTER**

2235 College Road, Ste. 1

Office Use:

Mahnomen, MN 56557

Rec'd Date: \_\_\_\_/Ent.By: \_\_\_\_

**LONG TERM APPLICATION FORM - (PLEASE PRINT)**

CHILDS FULL NAME-\_\_\_\_\_

DATE OF BIRTH-\_\_\_\_\_ GENDER-\_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME-\_\_\_\_\_

ADDRESS-\_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

HOME PHONE NUMBER-\_\_\_\_\_ WORK NUMBER-\_\_\_\_\_

EMPLOYER - \_\_\_\_\_ POSITION/DEPT-\_\_\_\_\_

BADGE NUMBER-\_\_\_\_\_ (Casino)

***ALL CASINO & TRIBAL EMPLOYEES ARE REQUIRED TO SIGN A PAYROLL DEDUCT FORM EVEN IF YOU ARE ON CHILD CARE ASSISTANCE. IF YOU ARE ON COUNTY/WHITE EARTH CHILD CARE ASSISTANCE, PLEASE LIST THAT COUNTY/WHITE EARTH CCAP-\_\_\_\_\_. IT IS THE PARENTS RESPONSIBILITY TO CONTACT THAT COUNTY AND SEND MAHNOMEN CHILD CARE LEARNING CENTER THE NECESSARY PAPER-WORK NEEDED. ALL THOSE RECEIVING ASSISTANCE MUST SIGN THEIR VOUCHERS WITH US AT THE BEGINNING OF EACH MONTH. IF THIS IS NOT DONE, THE TOTAL AMOUNT FOR DAYCARE WILL BE DEDUCTED FROM YOUR CHECK.***

***IF YOU ARE ON CHILD CARE ASSISTANCE AND DO NOT WORK FOR THE SHOOTING STAR, WE WILL NOT SUBMIT YOUR HOURS TO THE COUNTY UNLESS YOU 1) TURN IN YOUR WORK HOURS AT END OF EACH PAY PERIOD (ACTUAL WORK HOURS) 2) TURN IN ACTUAL ATTENDANCE VERIFICATION FOR SCHOOL HOURS. Shooting Star Casino provides work hours to us on a pay period basis. If you are under the White Earth CCP, you are already required to provide that info to them.***

**PARENT (S) - HOW MAY WE REACH YOU WHILE YOUR CHILD IS ATTENDING OUR CENTER?**

**IS THERE ANYONE WE SHOULD BE AWARE OF THAT IS RESTRICTED FROM VISITING OR PICKING UP YOUR CHILD? PLEASE LIST NAME, RELATIONSHIP OR ANY OTHER HELPFUL INFORMATION.**

(LEGAL DOCUMENTATION REQUIRED)

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**AUTHORIZED PERSON (S) TO REMOVE CHILD FROM CENTER-**

NAME-\_\_\_\_\_RELATIONSHIP-\_\_\_\_\_PHONE\_\_\_\_\_

NAME-\_\_\_\_\_RELATIONSHIP-\_\_\_\_\_PHONE\_\_\_\_\_

NAME-\_\_\_\_\_RELATIONSHIP-\_\_\_\_\_PHONE\_\_\_\_\_

**WHO SHALL WE NOTIFY IN CASE OF AN EMERGENCY?**

NAME-\_\_\_\_\_RELATIONSHIP-\_\_\_\_\_PHONE-\_\_\_\_\_

NAME-\_\_\_\_\_RELATIONSHIP-\_\_\_\_\_PHONE-\_\_\_\_\_

NAME-\_\_\_\_\_RELATIONSHIP-\_\_\_\_\_PHONE-\_\_\_\_\_

**DOES YOUR CHILD HAVE ANY OF THE FOLLOWING CONDITIONS,  
WHICH COULD BE IMPORTANT IN THE CASE OF AN EMERGENCY?**

ASTHMA\_\_\_\_\_DIABETES\_\_\_\_\_SEIZURES/CONVULSIONS\_\_\_\_\_

ALLERGIES, BITES\_\_\_\_\_ALLERGY MEDICATION\_\_\_\_\_

OTHER\_\_\_\_\_COMMENTS-\_\_\_\_\_

**DOES YOUR CHILD HAVE A DISABILITY, SPECIAL NEED OR ANY  
HEALTH PROBLEMS THAT OUR STAFF SHOULD BE AWARE OF?  
IF SO, PLEASE EXPLAIN.**

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

**IF YOUR CHILD WAS PREMATURE, NUMBER OF WEEKS PREMATURE:**

\_\_\_\_\_

**PARENTS OF CHILDREN AGED 6 WEEKS THROUGH 3 YEARS; PLEASE  
GIVE US A BRIEF DESCRIPTION OF YOUR CHILDS HABITS-**

EATING-\_\_\_\_\_Type of Formula: \_\_\_\_\_

Cereal\_\_\_\_\_Baby Food:\_\_\_\_\_List Table Food:\_\_\_\_\_

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SLEEPING HABITS-\_\_\_\_\_

TOILETRY HABITS-\_\_\_\_\_

COMMUNICATION HABITS-\_\_\_\_\_

METHOD(S) FOR COMFORTING YOUR CHILD-\_\_\_\_\_

PARENT(S)-

Does Mahnomen Child Care have your permission to include your child in any publicity through the media, newspapers, etc? This may include photographs, names, pictures and videotaping?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does Mahnomen Child Care have your permission for your child to participate in supervised field trips? This may include outdoor activities or special events.

Yes \_\_\_\_\_ No \_\_\_\_\_

**I HEREBY CERTIFY THE INFORMATION CONTAINED ON THIS APPLICATION TO BE TRUE AND CORRECT. I UNDERSTAND THIS INFORMATION IS TO BE USED TO DETERMINE ELIGIBILITY FOR ENROLLMENT AT MAHNOMEN CHILD CARE LEARNING CENTER AND UPON ACCEPTANCE, I WILL PROVIDE ALL NECESSARY MEDICAL, DENTAL, IMMUNIZATION, DIETARY AND OTHER INFORMATION REQUESTED TO THE CENTER.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Note: All applications must be updated on a yearly basis. All Household Income Statements must be updated each September for the coming Fiscal Year. These statements are required for us to receive monthly income subsidies from the State Department of Agriculture for our meal services under the Child and Adult Care Food Program.)