

# ANNA'S BANANAS

## DAYCARE & PRESCHOOL

Please write the location to which you are enrolling:

CHILD INFORMATION	
CHILD'S NAME:	
DATE OF BIRTH:	DUE DATE ( IF APPLICABLE ):
STARTING DATE:	VISIT DATE & TIMES
WEEKLY RATE:	
CLASSROOM: <div style="text-align: center;"> <input type="checkbox"/> INFANT    <input type="checkbox"/> TODDLER    <input type="checkbox"/> PRESCHOOL    <input type="checkbox"/> SCHOOL AGE         </div>	
SCHOOL ATTENDING / WILL BE ATTENDING (IF CHILD IS OF SCHOOL AGE OR WILL BE SOON PLEASE COMPLETE):	

DAYS ATTENDING	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	FLEX SCHEDULE
DROP OFF TIME:						NUMBERS OF DAYS PER WEEK:
PICK UP TIME:						

GUARDIAN INFORMATION	
MY CHILD LIVES WITH (CHECK APPLICABLE BOXES):	GUARDIAN 2
GUARDIAN 1'S NAME:	
HOME ADDRESS:	
HOME PHONE: ( ) -	
CELL PHONE: ( ) -	
EMAIL ADDRESS:	
EMPLOYER'S NAME:	
WORK PHONE: ( ) -	

GUARDIAN 2'S NAME:
HOME ADDRESS:
HOME PHONE: ( ) -
CELL PHONE: ( ) -
EMAIL ADDRESS:
EMPLOYER'S NAME:
WORK PHONE: ( ) -

<p><b>\$65.00 REGISTRATION FEE PAID BY CASH</b>            DATE: _____            STAFF INITIALS: _____</p>	<p>I AM USING COUNTY ASSISTANCE:            (MUST COMPLETE ALL FIELDS BELOW)            WORKER'S NAME: _____            WORKER'S PHONE : ( ) - _____            CASE NUMBER: _____</p>	<p>OFFICE USE ONLY:            COUNTY VERIFIED WITH TARA            ON DATE: _____            INITIALS: _____</p>
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# ANNA'S BANANAS

DAYCARE & PRESCHOOL

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## PERSON ASSUMING FINANCIAL RESPONSIBILITY:

BY SIGNING THIS YOU ACKNOWLEDGE, UNDERSTAND, AND AGREE TO COMPLY WITH THE STANDARD RATE/LATE FEE POLICY:

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

MANAGEMENT SIGNATURE: \_\_\_\_\_

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## ANNA'S BANANAS PARENT HANDBOOK LINK

I HAVE RECEIVED THE LINK:

<http://www.annasbananas.com/enrollment-forms/>

I UNDERSTAND I AM ABLE TO ACCESS THE PARENT HANDBOOK ONLINE AT ANY TIME.

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MANAGEMENT SIGNATURE: \_\_\_\_\_

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## ANNA'S BANANAS EMERGENCY PROCEDURES PERMISSION FORM

IN THE EVENT THAT AN EMERGENCY SITUATION SHOULD ARISE WITH MY CHILD, I, \_\_\_\_\_, AUTHORIZE ANNA'S BANANAS DAYCARE TO ADMINISTER EMERGENCY PROCEDURES INCLUDING ANY AND ALL LIFE SAVING EFFORTS. THIS ALSO APPLIES TO SITUATIONS WHERE I, OR THE EMERGENCY CONTACT PERSON OR PERSONS NAMED FOR MY CHILD ARE UNREACHABLE.

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

## EMERGENCY INFORMATION

ALL FIELDS REQUIRED INCLUDING NAME, ADDRESS & TELEPHONE NUMBER

<b>REGULAR MEDICAL SOURCE:</b>
NAME:
ADDRESS:
TELEPHONE: (    )

<b>REGULAR DENTAL SOURCE:</b> (COMPLETE EVEN IF INFANT AGE BY PROVIDING REGULAR FAMILY DENTIST INFORMATION)
NAME:
ADDRESS:
TELEPHONE: (    )

<b>SOURCE OF MEDICAL CARE TO BE USED FOR AN EMERGENCY:</b> <b>WE WILL ALWAYS CALL 911.</b> <b>PLEASE INDICATE PREFERRED HOSPITAL TO BE TRANSPORTED TO. MAY LEAVE TO THE DISCRETION OF THE MEDICAL STAFF BUT MUST INDICATE BELOW</b>
NAME:
ADDRESS:
TELEPHONE: (    )

<b>IN CASE OF AN EMERGENCY, LIST BELOW <u>AT LEAST TWO</u> ALTERNATE ADULTS TO CONTACT. AT LEAST TWO ARE REQUIRED, YOU MAY LIST MORE. LIST CONTACTS IN ORDER YOU WISH THEM TO BE CALLED.</b>  <b>NOTE: THESE PEOPLE MAY NOT TRANSPORT YOUR CHILD UNLESS THEY ARE ALSO LISTED AS A PERSON TO TRANSPORT YOUR CHILD UNDER THE TRANSPORTATION SECTION.</b>
1. NAME:
ADDRESS:
TELEPHONE: (    )
<b>MUST ALSO LIST UNDER TRANSPORTATION CONTACT IF WANT LISTED INDIVIDUAL TO TRANSPORT YOUR CHILD.</b>

# ANNAS BANANAS DAYCARE & PRESCHOOL

## EMERGENCY CONTACTS

**(CONTINUED FROM EMERGENCY INFORMATION PAGE)**

IN CASE OF AN EMERGENCY, LIST BELOW AT LEAST TWO ALTERNATE ADULTS TO CONTACT. AT LEAST TWO ARE REQUIRED, YOU MAY LIST MORE. LIST IS CONTINUED FROM PREVIOUS PAGE.

**NOTE: THESE PEOPLE MAY NOT TRANSPORT YOUR CHILD UNLESS THEY ARE ALSO LISTED AS A PERSON TO TRANSPORT YOUR CHILD UNDER THE TRANSPORTATION SECTION.**

2.	NAME:
	ADDRESS:
	TELEPHONE: (    )
	<b>MUST ALSO LIST UNDER TRANSPORTATION CONTACT IF WANT LISTED INDIVIDUAL TO TRANSPORT YOUR CHILD.</b>

3.	NAME:
	ADDRESS:
	TELEPHONE: (    )
	<b>MUST ALSO LIST UNDER TRANSPORTATION CONTACT IF WANT LISTED INDIVIDUAL TO TRANSPORT YOUR CHILD.</b>

4.	NAME:
	ADDRESS:
	TELEPHONE: (    )
	<b>MUST ALSO LIST UNDER TRANSPORTATION CONTACT IF WANT LISTED INDIVIDUAL TO TRANSPORT YOUR CHILD.</b>

5.	NAME:
	ADDRESS:
	TELEPHONE: (    )
	<b>MUST ALSO LIST UNDER TRANSPORTATION CONTACT IF WANT LISTED INDIVIDUAL TO TRANSPORT YOUR CHILD.</b>

**ALL FIELDS REQUIRED FOR EACH CONTACT INCLUDING NAME, ADDRESS AND TELEPHONE NUMBER.**

# ANNA'S BANANAS

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**TRANSPORTATION CONTACTS:** THE FOLLOWING INDIVIDUAL MAY TRANSPORT MY CHILD. ALL FIELDS ARE REQUIRED. LIST BELOW **AT LEAST TWO** ALTERNATE ADULTS WHO MAY TRANSPORT YOUR CHILD. AT LEAST TWO ARE REQUIRED, YOU MAY LIST MORE. **NOTE: MUST BE LISTED UNDER EMERGENCY CONTACT IF YOU WISH FOR A LISTED INDIVIDUAL TO ALSO BE CONTACTED IN CASE OF EMERGENCY. (IDENTIFICATION REQUIRED)**

NAME:		
ADDRESS:		
TELEPHONE: (    )		
CONTINUAL PICK-UP ONLY	OCCASSIONAL PICK-UP	EMERGENCY ONLY
<i><b>MUST ALSO LIST UNDER EMERGENCY CONTACT IF WANT THIS INDIVIDUAL TO BE CONTACTED IN CASE OF EMERGENCY. MUST LIST EMERGENCY CONTACTS HERE IF WISH FOR THEM TO BE ABLE TO TRANSPORT YOUR CHILD.</b></i>		

NAME:		
ADDRESS:		
TELEPHONE: (    )		
CONTINUAL PICK-UP ONLY	OCCASSIONAL PICK-UP	EMERGENCY ONLY
<i><b>MUST ALSO LIST UNDER EMERGENCY CONTACT IF WANT THIS INDIVIDUAL TO BE CONTACTED IN CASE OF EMERGENCY. MUST LIST EMERGENCY CONTACTS HERE IF WISH FOR THEM TO BE ABLE TO TRANSPORT YOUR CHILD.</b></i>		

NAME:		
ADDRESS:		
TELEPHONE: (    )		
CONTINUAL PICK-UP ONLY	OCCASSIONAL PICK-UP	EMERGENCY ONLY
<i><b>MUST ALSO LIST UNDER EMERGENCY CONTACT IF WANT THIS INDIVIDUAL TO BE CONTACTED IN CASE OF EMERGENCY. MUST LIST EMERGENCY CONTACTS HERE IF WISH FOR THEM TO BE ABLE TO TRANSPORT YOUR CHILD.</b></i>		

NAME:		
ADDRESS:		
TELEPHONE: (    )		
CONTINUAL PICK-UP ONLY	OCCASSIONAL PICK-UP	EMERGENCY ONLY
<i><b>MUST ALSO LIST UNDER EMERGENCY CONTACT IF WANT THIS INDIVIDUAL TO BE CONTACTED IN CASE OF EMERGENCY. MUST LIST EMERGENCY CONTACTS HERE IF WISH FOR THEM TO BE ABLE TO TRANSPORT YOUR CHILD.</b></i>		

## DEVELOPMENTAL HISTORY

CHILD'S NAME:
DATE OF BIRTH:
GENDER:

## HEALTH

1. DOES YOUR CHILD SEEM WELL MOST OF THE TIME?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. IS YOUR CHILD TAKING ANY MEDICATIONS NOW? (INCLUDING ASPIRIN, LAXATIVES, VITAMINS, ETC.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. IN A YEAR HAS YOUR CHILD HAD AS MANY AS 3 EAR INFECTIONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. ARE YOU CONCERNED ABOUT YOUR CHILD'S HEARING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. IN A YEAR, DOES YOUR CHILD USUALLY HAVE MORE THAN 3 COLDS OR SORE THROAT INFECTIONS WITH A FEVER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. ARE YOU CONCERNED ABOUT YOUR CHILD'S EYES OR VISION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. HAS YOUR CHILD BEEN SEEN BY A MEDICAL SPECIALIST? IF YES, WHO? _____ WHY? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. WHAT ARRANGEMENTS HAVE YOU MADE FOR THE CARE OF YOUR CHILD SHOULD HE/SHE BECOME ILL AT THE CENTER: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. DOES YOUR CHILD HAVE ANY HANDICAPS? IF YES, DESCRIBE: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. OTHER ILLNESSES OR DIABETES? IF YES, DESCRIBE: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. DOES YOUR CHILD HAVE ANY CONTAGIOUS ILLNESSES THAT COULD IMPACT OTHER CHILDREN OR STAFF (MALARIA, HEPATITIS A, HEPATITIS B, HIV, AIDS, ETC.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. HAS YOUR CHILD BEEN HOSPITALIZED? IF YES, DESCRIBE: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. HAS YOUR CHILD HAD ANY SERIOUS ACCIDENTS OR POISONING? IF YES, DESCRIBE: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## DEVELOPMENTAL HISTORY

### HEALTH CONTINUED

14. DOES YOUR CHILD CHEW UNUSUAL THINGS SUCH AS PENCILS, CHALK, CRIBS, WINDOW LEDGES, PAINT CHIPS, PLASTER OR HAIR?      YES      NO

15. HAS YOUR CHILD HAD ANY OF THE FOLLOWING (CIRCLE ALL THAT APPLY):

- PREMATURE BIRTH
  - BIRTH INJURY OR DEFECT
  - TROUBLE BREATHING
  - HEAD INJURY
  - ALLERGIES (ECZEMA, HIVES, DRUG, FOOD, INTOLERANCE, HAY FEVER, WHEEZING, ASTHMA, INSECT STINGS?)
- FOR ALL BOXES IN WHICH YOU CHECKED "YES" PLEASE DESCRIBE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: OUR SPECIFIC CHILD CARE PLAN IS REQUIRED FROM A PHYSICIAN IF YOUR CHILD HAS AN ALLERGY TO BE AWARE OF OR FOOD MODIFICATION REQUEST. PLEASE DISCUSS WITH YOUR CENTER DIRECTOR IF YOU BELIEVE THIS MAY BE APPLICABLE TO YOUR CHILD.**

### BASIC INFORMATION

1. HOW DO YOU COMFORT YOUR CHILD? \_\_\_\_\_
2. WHAT ARE YOUR CHILD'S FAVORITE TOYS? \_\_\_\_\_
3. WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES? \_\_\_\_\_
4. WHAT LANGUAGE(S) IS SPOKEN IN YOUR HOME? \_\_\_\_\_

### SLEEPING PATTERNS

1. DO YOU HAVE ANY SPECIFIC WAYS OF HELPING YOUR CHILD GO TO SLEEP? IF YES, WHAT? _____	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
2. DOES YOUR CHILD CRY WHEN GOING TO SLEEP? _____	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
3. WHAT IS YOUR CHILD'S CURRENT SLEEPING SCHEDULE?		
NIGHT TIME	FROM: _____	TO: _____
A.M. NAP	FROM: _____	TO: _____
P.M. NAP	FROM: _____	TO: _____
4. DOES YOUR CHILD PREFER TO SLEEP ON HIS/HER:		
STOMACH	SIDE	BACK
5. DOES YOUR CHILD USE A PACIFIER AT ANY TIME? _____	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
6. DOES YOUR CHILD USE A SPECIAL TOY AT NAP TIME? _____	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
7. DOES YOUR CHILD USE A SPECIAL BLANKET OR PILLOW AT NAP TIME? IF SO, WHAT? _____	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO

**ANNA'S BANANAS**  
DAYCARE & PRESCHOOL



**HEALTH CARE SUMMARY**  
MUST BE COMPLETED BY A PHYSICIAN

NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF ENROLLMENT: \_\_\_\_\_

PARENT(S) OR GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF LAST PHYSICAL EXAMINATION: \_\_\_\_\_

HOW LONG HAVE YOU BEEN SEEING THIS CHILD: \_\_\_\_\_

HOW FREQUENTLY DO YOU SEE THIS CHILD WHEN HE/SHE IS NOT ILL?  
\_\_\_\_\_

IS A MODIFIED DIET NECESSARY: \_\_\_\_\_

IS ANY CONDITION PRESENT THAT MIGHT RESULT IN AN EMERGENCY?  
\_\_\_\_\_

WHAT IS THE STATUS OF THE CHILD'S?  
\_\_\_\_\_

VISION: \_\_\_\_\_

HEARING: \_\_\_\_\_

SPEECH: \_\_\_\_\_

**PLEASE LIST BELOW THE IMPORTANT HEALTH PROBLEMS:**

IMPORTANT HEALTH PROBLEMS	FOLLOWED BY YOU	FOLLOWED BY OTHER MED SOURCE(NAME)	REQUIRES SPECIAL ATTENTION AT CENTER

OTHER INFORMATION HELPFUL TO THE CHILD CARE PROGRAM:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF HEALTH SOURCE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PROVIDERS: PLEASE FAX COMPLETED FORM TO:**  
(PARENTS/MANAGERS – PLEASE CHECK DESIRED LOCATION)

APPLE VALLEY: 952-236-9717

FARMINTON: 651-460-3731

BURNSVILLE: 952-736-2489

NORTHFIELD: 507-645-2548

LAKEVILLE: 952-683-9201



**OVER THE COUNTER MEDICATION PERMISSION FORM**

ANNA'S BANANAS DAYCARE HAS MY PERMISSION TO USE THE FOLLOWING MEDICATIONS ON, \_\_\_\_\_ AGE: \_\_\_\_\_. THIS LIST INCLUDES ONLY OVER-THE-COUNTER MEDICATIONS NOT REQUIRING A SPECIFIC DOSAGE (TYLENOL, MOTRIN, ETC. MAY NOT BE ADDED TO THIS LIST). THESE MEDICATIONS WILL BE USED ACCORDING TO THE MANUFACTURER'S INSTRUCTIONS UNLESS DIRECTED OTHERWISE BY A WRITTEN PHYSICIAN'S PERMISSION.

**CHILDREN AGES 6 WEEKS THROUGH TOILET TRAINING**

- BABY WIPES
- BABY LOTION
- DESITIN
- LOTRIMIN
- VASELINE
- A&D OINTMENT
- BABY POWDER OR CORNSTARCH
- OTHER: \_\_\_\_\_
- OTHER: \_\_\_\_\_

**CHILDREN AGES 6 MONTHS THROUGH SCHOOL-AGE**

- INSECT REPELLENT
- SUNSCREEN

**PLEASE NOTE THAT YOU MUST PROVIDE WRITTEN PERMISSION TO HAVE ANNA'S BANANAS STAFF ADMINISTER ANY MEDICATIONS TO YOUR CHILD. ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINERS AND LABELED WITH YOUR CHILD'S FIRST AND LAST NAME.**

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# ANNA'S BANANAS

DAYCARE & PRESCHOOL

## INFANT & TODDLER INFORMATION

*SEE BOTTOM OF PAGE IF PRESCHOOL AGE OR OLDER*

<b>INFANT FEEDING INFORMATION</b>				
1. IS YOUR BABY BREAST FED?				
2. IS YOUR BABY BOTTLE FED?				
TYPE OF BOTTLE: _____				
TYPE OF NIPPLE: _____				
TYPE OF FORMULA: _____				
3. DOES YOUR BABY NEED TO BE BURPED?				
4. HOW OFTEN DOES YOUR BABY USUALLY TAKE A BOTTLE?				
5. HOW MANY OUNCES IN A NORMAL FEEDING? _____				
6. IS YOUR BABY ON BABY FOODS OR TABLE FOODS YET? IF YES, PLEASE SPECIFY THE TYPES OF FOOD AND HOW OFTEN:				
MEAL	TIME OF DAY	FOOD	JUICES	MILK/FORMULA
BREAKFAST				
SNACK				
LUNCH				
SNACK				
DINNER				
7. DOES YOUR CHILD HAVE ANY FEEDING PROBLEMS? IF YES, WHAT ARE THEY: _____				

<b>TOILET INFORMATION: INFANTS &amp; TODDLERS</b>
1. HOW FREQUENTLY DOES YOUR CHILD HAVE A BOWEL MOVEMENT?
2. APPEARANCE OF BOWEL MOVEMENT:
3. DOES YOUR CHILD HAVE A DIAPER RASH OFTEN?
4. HOW DO YOU TREAT THE DIAPER RASH?
5. IS YOUR CHILD POTTY TRAINED?

MY CHILD IS OF PRESCHOOL AGE OR OLDER AND THIS SECTION DOES NOT APPLY. INITIALS: \_\_\_\_\_

For the Month of:

# Infant All About Me

My Name is: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am currently \_\_\_\_\_ Months old!

I drink (check all that apply):      Formula      Breastmilk      Whole Milk      Water

I drink from a (circle all that apply):      Bottle      Breast      Sippy Cup

The brand of Formula (if applicable) that I drink is: \_\_\_\_\_

The brand of Bottles (if applicable) that I use are: \_\_\_\_\_

I take my bottles every \_\_\_\_\_ hours. If I typically take them ON DEMAND please check here:

I use a pacifier:      YES      NO      The brand of my pacifiers are: \_\_\_\_\_

My Mommy and Daddy would like me to have my Pacifier (check all that apply):

On Demand      Only at Nap Time      Other: \_\_\_\_\_

<b>Breakfast</b>
I eat Breakfast at: ____:____ A.M.
I can have (check all that apply):
Applesauce Bananas Cheerios Puffed Rice
I eat food from home which consists of:
_____
_____

<b>Lunch</b>
I eat Lunch at: ____:____ A.M./P.M.
I can eat (check all that apply):
All Catered Lancer Food
Some Catered Lancer Food (See my Menu)
Food from home which consists of:
_____

For **Snacks** I can have (check all that apply):

<i>Does not apply at this time</i>	Animal Crackers	Saltine Crackers
Cheese Slice	Chocolate Chip Cookies	Graham Crackers
Veggie Straws	Nilla Wafers	Club Crackers
Ritz Crackers	Goldfish	Cheeze-it's
Cheerios	Soft Fruits	Snacks from home

If I am "1", I get to celebrate Birthdays with my Friends! My Mommy and Daddy say that if a friend bring in store bought treats I (check one):      CAN HAVE IT      CANNOT HAVE IT QUITE YET

I have an Allergy and/or Special Diet: \_\_\_\_\_

I have a **Care Plan** for my Allergy/Special Diet that my Teacher's need to be aware of:      YES      NO

\*Please note, if you have selected that your child has an allergy or that of a special diet you need to have your physician complete a Care Plan. Please see the office for additional forms and information.

~\*Turn-over for more exciting information about ME!\*~

### Nap/Rest Time

I typically take naps \_\_\_\_\_ times per day. I usually sleep \_\_\_\_\_ minutes/hours per nap.

#### Crib Sleepers

Put me to sleep with a (check all that apply):

Pacifier      Sleep-sack

To Sleep I like (check all that apply): :

To be laid down awake      To be rocked

#### Cot Sleepers

My child is at least 12 months old and has a signed cot permission slip:      YES      NO

Put me to sleep with a (check all that apply):

Pacifier

Special items from home Items include: \_\_\_\_\_

Other Special Instructions:

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If you have questions call my Mom, her name is: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

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

Mom checks daily connect (check one):      Frequently      At Night      Never

If you have questions call my Dad, his name is: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

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

Dad checks daily connect (check one):      Frequently      At Night      Never



## TUITION EXPRESS ACKNOWLEDGEMENT

DEAR PARENTS:

ANNA'S BANANAS UTILIZES A SOFTWARE PROGRAM FOR CONVENIENT WEEKLY OR BI-WEEKLY PAYMENTS OF TUITION. WHEN YOU ARRIVE AT THE CENTER TO DROP YOUR LITTLE ONES OFF, YOU WILL BE CHECKING THEM IN WITH A TOUCH SCREEN COMPUTER. WE HAVE A COMPUTER IN THE FRONT LOBBY THAT YOU WILL WALK UP TO, TAP THE SCREEN, ENTER YOUR TWO FOUR-TO-EIGHT DIGIT PASS CODES AND SIMPLY FOLLOW THE PROMPTS.

MANAGEMENT AND STAFF WILL BE ABLE TO SEND YOU PERSONALIZED MESSAGES VIA THIS SYSTEM SUCH AS: "JOHNNY IS LOW ON DIAPERS" OR "TOMORROW IS PJ DAY!" WE CAN SEND INDIVIDUAL, CLASSROOM, OR ALL CENTER MESSAGES VIA THIS SYSTEM. YOU WILL NOT BE ALLOWED TO FULLY CHECK YOUR CHILD IN/OUT UNTIL ALL MESSAGES ARE READ. YOUR PERSONAL ACCOUNT BALANCE WILL ALSO BE AVAILABLE FOR YOU TO VIEW ONCE YOU HAVE LOGGED INTO THE SYSTEM.

PARENTS WILL BE GIVEN THE CHOICE TO PAY TUITION BY:

1. AUTOMATIC WITHDRAWAL FROM YOUR CHECKING ACCOUNT
2. AUTOMATIC CREDIT CARD CHARGE (VISA OR MASTERCARD ONLY)
3. CASH/MONEY ORDER (**NO CHECKS**)

IN ORDER TO PROCESS YOUR REGISTRATION, PLEASE COMPLETE THE ATTACHED **ACKNOWLEDGEMENT FORM**; THE **TUITION EXPRESS FORM** AND THE **NEW CHILD START FORM**. PLEASE NOTE, ONE SIDE OF THE TUITION EXPRESS FORM IS FOR CHECKING WITHDRAWAL AND THE OTHER SIDE IS FOR CREDIT CARD WITHDRAWAL. IF YOU SHOULD CHOOSE CHECKING, BE SURE TO ATTACH A VOIDED, BLANK CHECK.

### GENERAL INFORMATION

- EVERY MONDAY, AUTOMATIC WITHDRAWALS WILL BE PROCESSED AND WITHDRAWN FROM YOUR ACCOUNT.
- IN THE EVENT THAT FUNDS ARE NOT AVAILABLE AND PAYMENT IS DECLINED, ANNA'S BANANAS WILL AUTOMATICALLY CHARGE YOUR ACCOUNT THE FOLLOWING DAY (TUESDAY) WITH AN ADDITIONAL \$35.00 PROCESSING FEE. SHOULD YOUR ACCOUNT NOT HAVE THE FUNDS AVAILABLE ON TUESDAY, A SECOND \$35.00 WILL BE CHARGED TO YOUR ACCOUNT ALONG WITH THE TUITION DUE. THE FULL TUITION AMOUNT, ALONG WITH THE CORRESPONDING NON-SUFFICIENT FUNDS FEE WILL BE DUE NO LATER THAN NOON ON WEDNESDAY TO AVOID SUSPENSION OF SERVICE AND APPLICATION OF THE STANDARD RATE AND LATE FEES. THIS PAYMENT MUST BE MADE IN THE FORM OF CASH/MONEY ORDER.
- ALL CASH PAYMENTS MUST BE MADE TO MANAGEMENT **ONLY**. YOU WILL BE GIVEN A CARBON RECEIPT FOR ALL CASH PAYMENTS. IF YOUR PAMENT EXCEEDS YOUR BALANCE, YOUR BALANCE WILL BE AUTOMATICALLY CREDITED TO YOUR ACCOUNT AS WE DO NOT HAVE THE ABILITY TO GIVE CHANGE.
- COUNTY FAMILIES ARE ALSO REQUIRED TO ENROLL IN TUITION EXPRESS TO PAY YOUR COPAYS.



TUITION EXPRESS/PAYMENT SELECTION

CHOICES OF PAYMENT SCHEDULE

**WEEKLY**- PAYING FOR CURRENT WEEK OF CARE;

**BI-WEEKLY**-PAYING FOR CURRENT WEEK OF CARE AND THE FOLLOWING WEEK.

\*COUNTY COPAYS WILL ALWAYS BE ON A BI-WEEKLY BASIS.

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I, \_\_\_\_\_, HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THIS LETTER. I ALSO UNDERSTAND AND AUTHORIZE ANNA'S BANANAS TO CHARGE MY ACCOUNT \$35.00 IF FUNDS ARE NOT AVAILABLE ON MONDAY VIA TUITION EXPRESS AND AN ADDITIONAL \$35.00 IF THOSE FUNDS ARE STILL NOT AVAILABLE ON TUESDAY.

I UNDERSTAND THAT I AM THEN REQUIRED TO PAY MY TUITION AND ANY ACCRUED NON-SUFFICIENT FUND FEES BY NOON ON WEDNESDAY IN THE FORM OF CASH. IF I FAIL TO DO SO, I UNDERSTAND I WILL BE SUBJECT TO THE STANDARD RATE, LATE FEES, AND SERVICES MAY BE SUSPENDED UNTIL TUITION AND ALL FEES HAVE BEEN PAID IN FULL.

**REGISTRATION FEE**

\_\_\_\_\_ \$65.00 REGISTRATION FEE CASH ENCLOSED    OR    \_\_\_\_\_ COUNTY PAYS

**I AM CHOOSING TO PAY TUITION BY:**

\_\_\_\_\_ AUTOMATIC CHECKING WITHDRAWAL                       WEEKLY

\_\_\_\_\_ AUTOMATIC CREDIT CARD CHARGE                       BI-WEEKLY

\_\_\_\_\_ CASH/MONEY ORDER (DUE EACH WEDNESDAY BY NOON)

I, \_\_\_\_\_ GIVE ANNA'S BANANAS PERMISSION TO START WITHDRAWING FUNDS FROM MY TUITION EXPRESS ACCOUNT ON: \_\_\_\_\_.

FINANCIALLY RESPONSIBLE PARTY'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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(PLEASE CONTINUE ONTO NEXT PAGE)

# ANNA'S BANANAS DAYCARE & PRESCHOOL

## TUITION EXPRESS/PAYMENT SELECTION CONTINUED

PLEASE LIST BELOW THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER  
AND THE LAST FOUR DIGITS OF YOUR PHONE NUMBER FOR CHECK-IN PURPOSES:

GUARDIAN 1- NAME \_\_\_\_\_: \_\_\_\_\_

GUARDIAN 2- NAME \_\_\_\_\_: \_\_\_\_\_

IN THE EVENT THAT TWO FAMILIES HAVE CHOSEN THE SAME PASS CODE, YOU  
WILL BE ASKED TO SELECT A NEW PASS CODE.

IN THE EVENT THAT TWO FAMILIES HAVE CHOSEN THE SAME PASS  
CODE, YOU WILL BE ASKED TO SELECT A NEW PASS CODE.

COUNTY ASSISTANCE FAMILIES PLEASE ALSO COMPLETE: COUNTY  
WORKER'S NAME: \_\_\_\_\_

WORKER'S NUMBER: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ CO-PAY AMOUNT: \_\_\_\_\_

(PLEASE CONTINUE ONTO NEXT PAGE)

# ANNA'S BANANAS DAYCARE & PRESCHOOL



## AUTOMATED PAYMENT PROCESSING SAFE - CONVENIENT - EASY

WE ARE EXCITED TO OFFER THE SAFETY, CONVENIENCE AND EASE OF TUITION EXPRESS™ — AN AUTOMATIC PAYMENT PROCESSING SYSTEM THAT ALLOWS ON-TIME TUITION AND FEE PAYMENTS TO BE MADE FROM YOUR BANK ACCOUNT.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT AUTHORIZATION**

I (WE) HEREBY AUTHORIZE ANNA'S BANANAS TO INITIATE DEBIT ENTRIES TO MY (OUR) CHECKING OR SAVINGS ACCOUNT INDICATED BELOW. TO PROPERLY AFFECT THE CANCELLATION OF THIS AGREEMENT, I (WE) ARE REQUIRED TO GIVE 10 DAYS' WRITTEN NOTICE.

CREDIT UNION MEMBERS: PLEASE CONTACT YOUR CREDIT UNION TO VERIFY ACCOUNT AND ROUTING NUMBERS FOR AUTOMATIC PAYMENTS.

YOUR NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BANK OR CREDIT UNION NAME

\_\_\_\_\_

BANK OR CREDIT UNION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHECKING    SAVINGS

ROUTING TRANSIT NUMBER (SEE SAMPLE BELOW): \_\_\_\_\_

ACCOUNT NUMBER (SEE SAMPLE BELOW): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	<b>Attach Voided Check Here</b>	\$
	<b>Deposit slips not accepted</b>	Dollars
123456789	1800338	0226
Routing Number	Account Number	Check Number







# ANNA'S BANANAS DAYCARE & PRESCHOOL

## AUTOMATED PAYMENT PROCESSING CONTINUED...

WE ARE EXCITED TO OFFER THE SAFETY, CONVENIENCE AND EASE OF TUITION EXPRESSTM – AN AUTOMATIC PAYMENT PROCESSING SYSTEM THAT ALLOWS ON-TIME TUITION AND FEE PAYMENTS TO BE MADE FROM YOUR BANK ACCOUNT.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (WE) HEREBY AUTHORIZE ANNA'S BANANAS TO INITIATE RECURRING CREDIT CARD CHARGES TO THE BELOW REFERENCED CREDIT CARD ACCOUNT. TO PROPERLY AFFECT THE CANCELLATION OF THIS AGREEMENT, I (WE) ARE REQUIRED TO GIVE 10 DAYS' WRITTEN NOTICE.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

CARDHOLDER NAME		PHONE #	
CARDHOLDER ADDRESS:	CITY	STATE	ZIP
CARD NUMBER	EXPIRATION DATE		
SIGNATURE	DATE		

FOR OFFICIAL USE ONLY...

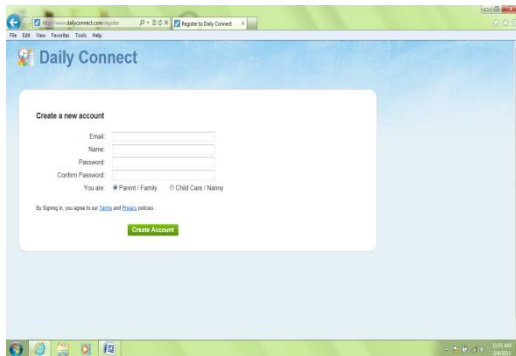
\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
EMPLOYEE SIG

# ANNA'S BANANAS DAYCARE & PRESCHOOL

## WELCOME TO DAILY CONNECT!

ANNA'S BANANAS DAYCARE AND PRESCHOOL IS PROUD TO OFFER DAILY CONNECT- A UNIQUE WEB APPLICATION THAT ALLOWS US TO SHARE PERSONAL INFORMATION ABOUT YOUR CHILD'S DAY WITH YOU VIA AN ANDROID, IPHONE OR IPAD APPLICATION OR BY USING A BASIC INTERNET BROWSER. WE HAVE TAKEN THE E-MAIL ADDRESS YOU HAVE PROVIDED US AND HAVE SET UP YOUR CHILDS PROFILE ON OUR END, BELOW EXPLAINS HOW YOU WILL GET STARTED!!



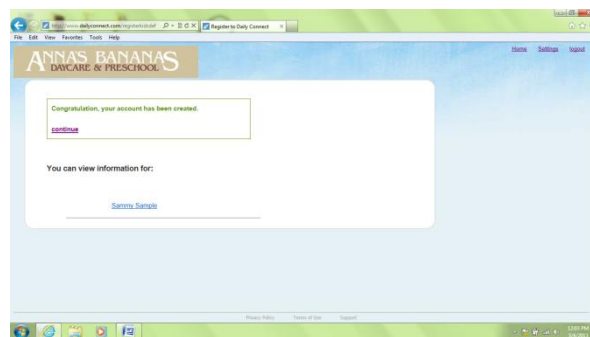
**IF YOU ARE CREATING A PROFILE VIA THE WEB:**

GO TO [WWW.DAILYCONNECT.COM](http://WWW.DAILYCONNECT.COM)

CLICK ON THE GREEN "TRY IT NOW, FREE WEB APPLICATION" BUTTON ON THE RIGHT HAND SIDE OF YOUR SCREEN. IT WILL BRING UP THE FOLLOWING PAGE:

TYPE IN YOUR E-MAIL ADDRESS (THE ONE YOU PROVIDED TO US IN THE LAST TWO WEEKS FOR YOUR CHILD), YOUR FIRST AND LAST NAME AND A PASSWORD OF YOUR CHOOSING. BE SURE THAT THE PARENT/FAMILY BOX IS CHECKED AND SELECT "CREATE ACCOUNT"

YOU WILL SEE A PAGE THAT LOOKS LIKE THIS:



YOU CAN SELECT YOUR CHILD'S NAME AND SEE THE INFORMATION WE HAVE LISTED, WHICH IS BASIC: NAME, DATE OF BIRTH, AND YOUR CONTACT INFORMATION ON THE BOTTOM, YOU CAN UPLOAD A PHOTO OF YOUR CHILD IF YOU SO CHOOSE, OTHERWISE WE WILL DO SO AT OUR EARLIEST CONVENIENCE.

BY SELECTING "CONTINUE" YOU WILL COME TO THE "EVENT LOG" WHERE YOU WILL SEE THE EVENTS THAT WILL BE LOGGED FOR YOUR CHILD EACH DAY.

# ANNA'S BANANAS DAYCARE & PRESCHOOL

## DAILY CONNECT CONT...

IF YOU ARE DOWNLOADING THE PHONE/IPAD APPLICATION:

SEARCH FOR THE "DAILY CONNECT" APPLICATION  
IN YOUR PHONES APP STORE



PLEASE NOTE: THIS APPLICATION ONLY IS AVAILABLE FOR IPHONES OR ANDROID POWERED PHONES (IT WILL NOT WORK WITH A BLACKBERRY DEVICE, YOU WILL NEED TO USE YOUR WEB BROWSER TO ACCESS INFORMATION AS AN ACTUAL 'APP' HAS NOT BEEN CREATED BY THE DAILY CONNECT COMPANY THAT IS COMPATIBLE WITH THESE DEVICES YET)

THE COST OF THE APPLICATION IS \$4.99 AND IS A ONETIME FEE. (PLEASE NOTE: IF YOU CHANGE PHONES AND YOUR PHONE CARRIER DOES NOT SUPPORT THE TRANSFER OF APPLICATIONS FROM ONE DEVICE TO ANOTHER, YOU MAY HAVE TO PURCHASE THE APPLICATION AGAIN)

UPON DOWNLOADING THE APPLICATION, YOU WILL BE REQUIRED TO "REGISTER", SIMILAR TO THE WAY YOU WOULD BY UTILIZING THE WEB BASED DEVICE. FOLLOW THE INSTRUCTIONS ON THE SCREEN AND BE SURE TO UTILIZE THE E-MAIL ADDRESS YOU PROVIDED ANNA'S BANANAS WITH WHEN YOU FILLED OUT YOUR ENROLLMENT PAPERWORK.

\*\*IF YOU CREATE YOUR ACCOUNT FIRST VIA THE WEB, THEN CHOOSE TO DOWNLOAD THE APPLICATION ON A SMARTPHONE OR IPAD, YOU NEED NOT RE-REGISTER, YOU WILL SIMPLY "LOGIN" INSTEAD.

IF YOU ARE USING THE PHONE OR IPAD APPLICATION YOU WILL BE GIVEN INSTANT NOTIFICATIONS WHEN EVENTS ARE LOGGED, IF YOU ARE USING THE WEB BASED APPLICATION YOU WILL NEED TO LOGIN TO YOUR ACCOUNT TO RETRIEVE INFORMATION ABOUT YOUR CHILD'S DAY. YOU WILL RECEIVE AN END OF THE DAY EMAIL REPORT FROM ANNA'S BANANAS DAILY WHETHER YOU UTILIZE THE APPLICATION OR NOT, JUST AS YOU WOULD A DAILY SHEET.

## IMPORTANT

WE WANTED YOU TO BE AWARE THAT THE CHILDREN WILL ALWAYS COME FIRST, AND LOGGING INFORMATION SECOND. THERE WILL BE INSTANCES WHERE A DIAPER CHANGE OCCURS AT 9:30 A.M. BUT YOU DO NOT RECEIVE A NOTIFICATION UNTIL 10:00 A.M. IN WHICH WE WILL ALWAYS TRY AND CORRECT THE TIME STAMP TO THE CLOSEST TIME IN WHICH THE EVENT ACTUALLY HAPPENED. IF YOU EVER HAVE QUESTIONS ABOUT AN EVENT YOU CAN MESSAGE THE CLASSROOM TEACHER AND THEY WILL GET BACK TO YOU AT THEIR EARLIEST CONVENIENCE. THE PROGRAM IS VERY USER FRIENDLY, HOWEVER WE DO ANTICIPATE SOME GROWING PAINS IN THE FIRST FEW WEEKS AS THE TEACHERS ESTABLISH A ROUTINE AND WE THANK YOU IN ADVANCE FOR YOUR PATIENCE AND UNDERSTANDING.



## FINAL AGREEMENT & CHECKLIST

I, \_\_\_\_\_, HAVE RECEIVED AND AGREED TO FOLLOW ALL OF THE POLICIES LISTED IN THE ANNA'S BANANAS PARENT HAND BOOK (2 WEEK NOTICE, VACATION POLICIES, THAT I WILL BE CHARGED THE STANDARD RATE AND LATE FEES SHOULD I FAIL TO PAY MY CHILD'S TUITION EACH WEDNESDAY BY NOON, ETC.) **THIS IS A LEGAL AND BINDING CONTRACT.**

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### HAVE YOU REVIEWED AND FILLED OUT ALL OF YOUR FORMS?

WE HAVE PROVIDED THE CHECKLIST BELOW SO YOU CAN MAKE SURE ALL OF YOUR APPROPRIATE FORMS ARE COMPLETED AND RETURNED FOR YOUR CHILD'S ENROLLMENT WITH ANNA'S BANANAS DAYCARE AND PRESCHOOL CENTER.

- NEW FAMILY START FORM
- EMERGENCY INFORMATION
- HEALTH CARE SUMMARY FORM **(TO BE COMPLETED BY A PHYSICIAN)**
- IMMUNIZATION RECORD
- DEVELOPMENTAL HISTORY
- OVER-THE-COUNTER MEDICATION PERMISSION FORM
- TUITION EXPRESS ACKNOWLEDGEMENT & ENROLLMENT

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THANK YOU FOR CHOOSING ANNA'S BANANAS DAYCARE AND PRESCHOOL FOR YOUR FUTURE CHILDCARE NEEDS. WE APPRECIATE YOUR BUSINESS AND LOOK FORWARD TO WELCOMING YOU AND YOUR CHILD (REN) TO THE ANNA'S BANANAS FAMILY VERY SOON!