

Anna's Bananas Daycare and Preschool Center



Apple Valley Location

7765 147th St West

Apple Valley, MN

PH) 952-431-7998

Burnsville Location

12018 Co Rd 11

Burnsville, MN 55337

PH) 952-707-1814

Farmington Location

21220 Chippendale Ave

Farmington, MN

PH) 651-460-8488

www.annasbananas.com

ANNA'S BANANAS NEW CHILD START FORM

CHILD INFORMATION
CHILD'S NAME:
DATE OF BIRTH:
STARTING DATE:
WEEKLY RATE:
CLASSROOM: <div style="text-align: center; margin-top: 5px;"> INFANT___ TODDLER___ PRESCHOOL___ SCHOOL AGE___ </div>
SCHOOL ATTENDING IF APPLICABLE:

DAYS ATTENDING	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DROP OFF TIME:					
PICK UP TIME:					

PARENT INFORMATION
MOTHER'S NAME:
HOME ADDRESS:
HOME PHONE: () -
WORK PHONE: () -
CELL PHONE: () -
EMAIL ADDRESS:
EMPLOYER'S NAME:
EMPLOYER'S ADDRESS:

FATHER'S NAME:
HOME ADDRESS:
HOME PHONE: () -
WORK PHONE: () -
CELL PHONE: () -
EMAIL ADDRESS:

ANNA'S BANANAS NEW CHILD START FORM

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:



\$65 REGISTRATION FEE PAID BY CASH DATE: _____

ANNA'S BANANAS EMERGENCY INFORMATION

REGULAR MEDICAL SOURCE:
NAME:
ADDRESS:
TELEPHONE: () -

REGULAR DENTAL SOURCE:
NAME:
ADDRESS:
TELEPHONE: () -

SOURCE OF MEDICAL CARE TO BE USED FOR AN EMERGENCY:
NAME:
ADDRESS:
TELEPHONE: () -

IN CASE OF AN EMERGENCY, LIST BELOW ALTERNATE ADULTS TO CONTACT. NOTE THIS PERSON MAY NOT TRANSPORT YOUR CHILD(REN) UNLESS THEY ARE ALSO LISTED BELOW AS A PERSON TO TRANSPORT YOUR CHILD(REN).

NAME:
ADDRESS:
TELEPHONE: () -
DRIVER'S LICENSE #:
LAST FOUR DIGITS OF SSN:

ANNA'S BANANAS EMERGENCY INFORMATION

CONTINUAL PICK-UP OCCASIONAL PICK-UP

NAME:

ADDRESS:

TELEPHONE: () -

DRIVER'S LICENSE #:

LAST FOUR DIGITS OF SSN:

CONTINUAL PICK-UP OCCASIONAL PICK-UP

NAME:

ADDRESS:

TELEPHONE: () -

DRIVER'S LICENSE #:

LAST FOUR DIGITS OF SSN:

CONTINUAL PICK-UP OCCASIONAL PICK-UP

NAME:

ADDRESS:

TELEPHONE: () -

ANNA'S BANANAS EMERGENCY INFORMATION

DRIVER'S LICENSE #:
LAST FOUR DIGITS OF SSN:
<input type="checkbox"/> CONTINUAL PICK-UP <input type="checkbox"/> OCCASIONAL PICK-UP

THE FOLLOWING ADULTS MAY TRANSPORT MY CHILD.

(IDENTIFICATION REQUIRED)

NAME:
ADDRESS:
TELEPHONE: () -
DRIVER'S LICENSE #:
LAST FOUR DIGITS OF SSN:
<input type="checkbox"/> CONTINUAL PICK-UP <input type="checkbox"/> OCCASIONAL PICK-UP

NAME:
ADDRESS:
TELEPHONE: () -
DRIVER'S LICENSE #:
LAST FOUR DIGITS OF SSN:
<input type="checkbox"/> CONTINUAL PICK-UP <input type="checkbox"/> OCCASIONAL PICK-UP

NAME:
ADDRESS:

ANNA'S BANANAS EMERGENCY INFORMATION

TELEPHONE: () -

DRIVER'S LICENSE #:

LAST FOUR DIGITS OF SSN:

CONTINUAL PICK-UP OCCASIONAL PICK-UP

PARENT NAME: _____

PARENT SIGNATURE: _____ DATE: _____

ANNA'S BANANAS 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: _____

ANNA'S BANANAS DEVELOPMENTAL HISTORY

CHILD'S NAME:

DATE OF BIRTH:

GENDER:

HEALTH

1. DOES YOUR CHILD SEEM WELL MOST OF THE TIME? YES

NO

1. IS YOUR CHILD TAKING ANY MEDICATIONS NOW?
(INCLUDING ASPIRIN, LAXATIVES, VITAMINS, ETC.) YES

NO

1. IN A YEAR HAS YOUR CHILD HAD AS MANY AS 3 EAR INFECTIONS?
 YES

NO

1. ARE YOU CONCERNED ABOUT YOUR CHILD'S HEARING? YES

NO

1. IN A YEAR, DOES YOUR CHILD USUALLY HAVE MORE THAN 3 COLDS
OR SORE THROAT INFECTIONS WITH A FEVER? YES

NO

1. ARE YOU CONCERNED ABOUT YOUR CHILD'S EYES OR VISION? YES

NO

1. HAS YOUR CHILD BEEN SEEN BY A MEDICAL SPECIALIST?
IF YES, WHO? _____ WHY? _____ YES

NO

1. WHAT ARRANGEMENTS HAVE YOU MADE FOR THE CARE OF YOUR CHILD
SHOULD HE/SHE BECOME ILL AT THE CENTER: _____

1. DOES YOUR CHILD HAVE ANY HANDICAPS? YES

NO

IF YES, DESCRIBE: _____

1. OTHER ILLNESSES OR DISEASES? YES NO

IF YES, DESCRIBE: _____

1. DOES YOUR CHILD HAVE ANY CONTAGIOUS ILLNESSES THAT COULD
IMPACT OTHER CHILDREN OR STAFF (MALARIA, HEPATITIS A,
HEPATITIS B, HIV, AIDS, ETC.)? YES

NO

ANNA'S BANANAS DEVELOPMENTAL HISTORY

1. HAS YOUR CHILD BEEN HOSPITALIZED? YES NO

IF YES, DESCRIBE: _____

1. HAS YOUR CHILD HAD ANY SERIOUS ACCIDENTS OR POISONINGS?

YES

NO

IF YES, DESCRIBE: _____

HEALTH CONTINUED

1. DOES YOUR CHILD CHEW UNUSUAL THINGS SUCH AS PENCILS, CHALK, CRIBS, WINDOW LEDGES, PAINT CHIPS, PLASTER OR HAIR?

YES

NO

1. HAS YOUR CHILD HAD ANY OF THE FOLLOWING:

PREMATURE BIRTH BIRTH INJURY OR DEFECT

TROUBLE BREATHING HEAD INJURY

ALLERGIES (ECZEMA, HIVES, DRUG, FOOD INTOLERANCE, HAY

FEVER,

WHEEZING, ASTHMA, INSECT STINGS?

DESCRIBE: _____

DEVELOPMENTAL HISTORY

1. HOW DO YOU COMFORT YOUR CHILD? _____

1. WHAT ARE YOUR CHILD'S FAVORITE TOYS? _____

1. WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES? _____

1. WHAT LANGUAGE(S) ARE SPOKEN IN YOUR HOME? _____

SLEEPING PATTERNS

ANNA'S BANANAS DEVELOPMENTAL HISTORY

1. DO YOU HAVE ANY SPECIFIC WAYS OF HELPING YOUR CHILD GO TO SLEEP?

YES

NO

1. DOES YOUR CHILD CRY WHEN GOING TO SLEEP?

YES

NO

1. WHAT IS YOUR CHILD'S CURRENT SLEEPING SCHEDULES?

NIGHT TIME: FROM _____ TO _____

AM NAP: FROM _____ TO _____

PM NAP: FROM _____ TO _____

1. DOES YOUR CHILD PREFER TO SLEEP ON HIS/HER:

STOMACH SIDE BACK

DOES YOUR CHILD USE A PACIFIER AT NAP TIME?

YES NO

1. DOES YOUR CHILD USE A SPECIAL TOY AT NAP TIME?

YES

NO

1. DOES YOUR CHILD USE A SPECIAL PILLOW OR BLANKET AT NAP TIME?

YES

NO

ANNA'S BANANA'S OVER-THE-COUNTER MEDICATION PERMISSION FORM

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 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
<input checked="" type="checkbox"/> BABY WIPES
<input checked="" type="checkbox"/> BABY LOTION
<input checked="" type="checkbox"/> DESITIN
<input checked="" type="checkbox"/> LOTRIMIN
<input checked="" type="checkbox"/> VASELINE
<input checked="" type="checkbox"/> A & D OINTMENT
<input checked="" type="checkbox"/> INSECT REPELLENT
<input checked="" type="checkbox"/> BABY POWDER OR CORNSTARCH
<input checked="" type="checkbox"/> OTHER: _____
<input checked="" type="checkbox"/> OTHER: _____

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 INFANT & TODDLER INFORMATION

INFANT FEEDING INFORMATION			
1. IS YOUR BABY BREAST FED?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
1. IS YOUR BABY BOTTLE FED?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF BOTTLE: _____			
TYPE OF NIPPLE: _____			
TYPE OF FORMULA: _____			
1. DOES YOUR BABY NEED TO BE BURPED?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
1. HOW OFTEN DOES YOUR BABY USUALLY TAKE A BOTTLE?	_____		
1. HOW MANY OUNCES IN A NORMAL FEEDING?	_____		
1. IS YOUR BABY ON BABY FOODS OR TABLE FOODS YET?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE SPECIFY THE TYPES OF FOODS AND HOW OFTEN :			
MEAL TIME OF DAY	FOOD	JUICES	MILK/FORMULA
BREAKFAST			
SNACK			
LUNCH			
SNACK			
DINNER			
1. DOES YOUR CHILD HAVE ANY FEEDING PROBLEMS?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHAT ARE THEY: _____			

TOILET INFORMATION: INFANTS & TODDLERS
1. HOW FREQUENTLY DOES YOUR CHILD HAVE A BOWEL MOVEMENT?
1. APPEARANCE OF BOWEL MOVEMENT:

ANNA'S BANANAS INFANT & TODDLER INFORMATION

1. DOES YOUR CHILD HAVE A DIAPER RASH OFTEN

1. HOW DO YOU TREAT DIAPER RASH?

ANNA'S BANANAS TUITION EXPRESS

DEAR PARENTS:

TUITION EXPRESS ACKNOWLEDGEMENT

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 FOUR DIGIT PASS CODE 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, ALL CLASS OR EVEN ALL CENTER MESSAGES.

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 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 PROCESSING FEE. SHOULD YOUR ACCOUNT NOT HAVE THE FUNDS AVAILABLE ON TUESDAY, A SECOND \$35 FEE WILL BE CHARGED AND TUITION PLUS THE \$70 NON-SUFFICIENT FUNDS FEE WILL BE DUE NO LATER THAN NOON ON WEDNESDAY TO AVOID SUSPENSION OF SERVICES. THIS PAYMENT MUST BE MADE IN THE FORM OF A CASH PAYMENT.
- ALL CASH PAYMENTS MUST BE MADE TO MANAGEMENT ONLY. YOU WILL BE GIVEN A CARBON RECEIPT FOR ALL CASH PAYMENTS. IF YOUR PAYMENT EXCEEDS YOUR BALANCE, YOUR BALANCE WILL AUTOMATICALLY BE CREDITED AS WE DO NOT HAVE THE ABILITY TO GIVE CHANGE.

ANNA'S BANANAS TUITION EXPRESS

- COUNTY FAMILIES ARE ALSO REQUIRED TO ENROLL IN TUITION EXPRESS TO PAY FOR YOUR CO-PAYS.

CHOICES OF PAYMENT SCHEDULE

WEEKLY- PAYING FOR CURRENT WEEK OF CARE; BI-WEEKLY- PAYING FOR CURRENT WEEK OF CARE AND FOLLOWING WEEK

COUNTY CO-PAYS- WILL ALWAYS BE ON A BI-WEEKLY BASIS.

I _____, HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THIS LETTER. I ALSO UNDERSTAND AND AUTHORIZE ANNA'S BANANAS TO CHARGE MY ACCOUNT \$35 IF FUNDS ARE NOT AVAILABLE ON MONDAY AND AN ADDITIONAL \$35 IF THOSE FUNDS ARE NOT AVAILABLE ON TUESDAY.

I UNDERSTAND THAT AFTER NOON ON WEDNESDAY IT IS MY RESPONSIBILITY TO PAY IN THE FORM OF CASH MY TUITION PLUS \$70 NSF FEE OR MY SERVICES WILL BE SUSPENDED UNTIL TUITION AND ALL FEES HAVE BEEN PAID IN FULL.

REGISTRATION FEE

_____ \$65 REGISTRATION FEE CASH ENCLOSED

I AM CHOOSING TO PAY TUITION BY:

_____ AUTOMATIC CHECKING WITHDRAWAL WEEKLY BI-WEEKLY

_____ AUTOMATIC CREDIT CARD CHARGE WEEKLY BI-WEEKLY

_____ CASH/MONEY ORDER (DUE EACH WEDNESDAY BY NOON)

PLEASE LIST BELOW THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER AND THE LAST FOUR DIGITS OF YOUR PHONE NUMBER:

MOTHER _____

FATHER _____

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

CARDHOLDERS NAME: _____

ANNA'S BANANAS TUITION EXPRESS

CARDHOLDERS SIGNATURE: _____

DATE: _____

ANNA'S BANANAS FINAL AGREEMENT & CHECKLIST

I, _____, HAVE RECEIVED AND AGREED TO FOLLOW ALL OF THE POLICIES LISTED IN THE ANNA'S BANANAS PARENT HANDBOOK (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 THE 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
- IMMUNIZATION RECORD
- DEVELOPMENTAL HISTORY
- OVER-THE-COUNTER MEDICATION PERMISSION FORM
- TUITION EXPRESS ACKNOWLEDGEMENT & ENROLLMENT

PARENT SIGNATURE: _____ DATE: _____

DIRECTOR SIGNATURE: _____ DATE: _____