

# ANNA'S BANANAS NEW CHILD START FORM

CHILD INFORMATION	
CHILDS NAME:	
DATE OF BIRTH:	
STARTING DATE:	
WEEKLY RATE:	
CLASSROOM:	INFANT___ TODDLER___ PRESCHOOL___ SCHOOL AGE___
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:	
EMPLOYER'S NAME:	
EMPLOYER'S ADDRESS:	

\$65 REGISTRATION FEE PAID BY CASH

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

ANNA'S BANANAS NEW CHILD START FORM CONTINUED

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PERSON ASSUMING FINANCIAL RESPONSIBILITY:

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

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

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

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

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

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

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ANNA'S BANANAS HANDBOOK LINK

I HAVE RECEIVED THE LINK

[HTTP://WWW.ANNASBANANAS.COM/ENROLLMENT-FORMS/](http://www.annasbananas.com/enrollment-forms/)

TO ACCESS THE ENROLLMENT FORMS AND PARENT HANDBOOK ON LINE 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. THIS ALSO APPLIES IN SITUATIONS WHERE I OR THE EMERGENCY CONTACT PERSON OR PERSONS NAMED FOR MY CHILD ARE UNREACHABLE.

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

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

## 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:
<input type="checkbox"/> CONTINUAL PICK-UP <input type="checkbox"/> OCCASIONAL PICK-UP

## ANNA'S BANANAS EMERGENCY INFORMATION

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

# ANNA'S BANANAS EMERGENCY INFORMATION

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

# Child Care Immunization Record

Must be on file before a child attends child care.

**IMMUNIZATION HISTORY:** Fill in the MO/DAY/YR information for children 2 months of age and older. If child received a combined shot (like Hib-hep B), write the date in all the boxes that apply. Vaccine doses that are circled **O** are not required by law.

Vaccine	Dose	MO	DAY	YR
<b>Diphtheria, Tetanus, Pertussis (DTP)</b> • 3 doses during 1st year (at 2-month intervals) • 4th dose at 12-18 months • 5th dose at 4-6 years or at school entrance Indicate vaccine type: DTaP or DT.	1			
	2			
	3			
	4			
	5			
<b>Polio (IPV and/or OPV)</b> • 3 doses at 2-18 months • 4th dose at 4-6 years or at school entrance	Dose	MO	DAY	YR
	1			
	2			
<b>Measles, Mumps, Rubella (MMR)</b> • Required for children 15 months and older • Must be given on or after 1st birthday • 2nd dose at 4-6 years	Dose	MO	DAY	YR
	1			
	2			
<b>Haemophilus influenzae type b (Hib)</b> • 3-4 doses for children at 2-15 months • 1 dose ≥ 12 months required (suspended 2008*) • 1 dose for previously unvaccinated children 15-59 months • Not indicated for children 5 years or older	Dose	MO	DAY	YR
	1			
	2			
	3			
<b>Varicella (Chickenpox)</b> • 1st dose between 12-18 months • 2nd dose at 4-6 years or at school entrance (required for kindergarten)	Dose	MO	DAY	YR
	1			
<b>Pneumococcal Conjugate Vaccine (PCV)</b> • 2-4 doses for children 2-24 months • Consider for unvaccinated children at 24-59 months in child care • Not indicated for children 5 years or older	Dose	MO	DAY	YR
	1			
	2			
	3			
<b>Hepatitis B (Hep B)</b> —required for kindergarten • 3 doses between birth and 18 months	Dose	MO	DAY	YR
	1			
	2			
<b>Rotavirus</b> • 2-3 doses between 2 and 6 months	Dose	MO	DAY	YR
	1			
	2			
<b>Influenza (LAIV or TIV)</b> • 1 dose annually for children ≥ 6 months (1st time influenza immunization requires 2 doses)	Dose	MO	DAY	YR
	1			
<b>Hepatitis A (Hep A)</b> • 2 doses separated by 6 months for children 12-24 months	Dose	MO	DAY	YR
	1			

Name: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_

**SIGNATURE(S)**

**A** 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/Public Clinic \_\_\_\_\_ Date \_\_\_\_\_

**B** For children who are younger than 15 months or who have not received all the immunizations required by law for child care:  
 I certify that the above-named child has received the immunizations indicated to the left and:  
 will complete the immunizations required by law for child care within 18 months;  
 and/or  
 immunization is not indicated for medical reasons or laboratory confirmation of adequate immunity exists for the following immunizations(s) \_\_\_\_\_  
 and/or  
 the parent/guardian is opposed to certain vaccine(s) as indicated by them in Section C below.  
 Signature of Physician or Public Clinic \_\_\_\_\_ Date \_\_\_\_\_

**C** If the parent/guardian conscientiously opposes immunizations:  
 I understand that not following vaccination recommendations may endanger the health or life of my child and others that my child might come in contact with.  
 I hereby certify by notarization that:  
 I am opposed to all immunizations.  
 I am opposed to only the vaccines indicated and have had my physician or health care provider complete Section B above. Vaccine(s) I oppose: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

\* Suspended due to vaccine shortage 2008

# Child Care Immunization Record - Instructions

Immunization information must be on file before a child attends child care.

## Who should complete and sign this form?

Who signs depends on the child's age and situation: Either the parent/guardian, physician/clinic, or child care provider can fill in the child's immunization history.

- If the child is at least 15 months old and has had all the shots required by law, a parent or guardian can sign the form in Section A.
- If the child is younger than 15 months or has not had all the shots required by law, a doctor or representative from a public health clinic must sign in Section B.
- If there are medical reasons why a child can't have or doesn't need any shot(s), a doctor or a public health nurse must sign in Section B.
- If a parent or guardian objects to a certain shot, a doctor or representative from a public health clinic must sign the form in Section B, and the parent or guardian must complete Section C and have it notarized by a notary public.
- If a parent or guardian objects to all shots, they must complete Section C and have it notarized by a notary public.

## Notes for Parents

1. **Give your child's immunization history to the child care provider when you enroll.**

Minnesota law (Minn. Stat.121A.15) requires children enrolled in a Minnesota child care to be immunized against certain diseases or have a legal exemption. This form is designed to provide the child care with the information required by law. This or a similar form must be kept on file with the child care provider.

2. **Keep track of your child's shots, and tell your child care provider each time your child gets a shot.**

It will save you time if you keep a shot record for each of your children. Be sure to have the record updated each time your child receives a shot.

Child care will be the first of many times you will need the shot record. You will also need this record for school, camp, college, and if you go to a new doctor or clinic.

3. **If your child is not up to date on his or her shots, you can catch up.**

By law you have 18 months after enrolling for your child to have all his or her required shots. Your child doesn't have to restart a delayed series.

Minnesota children are still getting diseases like measles, mumps, and rubella. These diseases are contagious. They can spread rapidly—especially among groups of children who have not received their shots. And some of them, like pertussis (whooping cough), are much more serious for children than they are for adults. As a parent, you can protect your children by making sure they get all their shots. Most shots are due by 2 years of age.

4. **If your child has had chickenpox, he or she does not need a varicella shot.**

## Notes for Child Care Providers

1. **Be sure you have a complete immunization history on file for all children 2 months of age and older.**

This specific form, or an MDH-approved form, is required by law. If you run a licensed child care facility in Minnesota you must have the information this form contains on file before a child enrolls. If a child enrolls at a younger age, you must obtain immunization information when they reach 2 months of age.

2. **Keep track of the date when each child's required immunizations are due by law.**

If a child is 2 months of age or older and has not yet received all their required shots, you should note the date when these immunizations will be due by law: 18 months after the child enrolls in your facility.

Unless otherwise exempt, Minnesota law requires preschoolers in child care to have shots for DTP, polio, MMR, PCV, Hib, and varicella. If the child has had chickenpox disease, he or she does not need a varicella shot. Immunization against hepatitis A, hepatitis B, rotavirus, and influenza are not required by law; however, it is strongly recommended for children in child care.

3. **Be sure each child's immunization history clearly indicates whether or not they received pertussis vaccine.** (DTaP and DTP contain pertussis vaccine; DT does not.)

Nationwide there has been an increase in pertussis disease (whooping cough). If an outbreak of pertussis disease occurs in your child care center, you will need to be able to quickly identify which children are protected and which are not.

4. **Remind parents to immunize children on time.**

As a child care provider, you are in an excellent position to help remind parents about immunizations.

Make sure the immunization records you have on file for each child are up to date, and regularly remind parents when shots are due.

Ask your local health department for an updated immunization schedule each calendar year, so you will have the latest information on hand.

## Questions?

If you have a question about immunizations, call your clinic or your local public health department.



Immunization Program  
P.O. Box 64975  
St. Paul, MN 55164-0975  
651-201-5503 or 1-800-657-3970  
www.health.state.mn.us/immunize  
IC#140-0163 (MDH, 3/2009)

# ANNA'S BANANAS 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: _____	
9. DOES YOUR CHILD HAVE ANY HANDICAPS? IF YES, DESCRIBE: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. OTHER ILLNESSES OR DISEASES? 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 POISONINGS? IF YES, DESCRIBE: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

# ANNA'S BANANAS 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:  
 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? \_\_\_\_\_
2. WHAT ARE YOUR CHILD'S FAVORITE TOYS? \_\_\_\_\_
3. WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES? \_\_\_\_\_
4. WHAT LANGUAGE(S) ARE SPOKEN IN YOUR HOME? \_\_\_\_\_

## SLEEPING PATTERNS

1. DO YOU HAVE ANY SPECIFIC WAYS OF HELPING YOUR CHILD GO TO SLEEP?  YES  NO
2. DOES YOUR CHILD CRY WHEN GOING TO SLEEP?  YES  NO
3. WHAT IS YOUR CHILD'S CURRENT SLEEPING SCHEDULES?  
NIGHT TIME: FROM \_\_\_\_\_ TO \_\_\_\_\_  
AM NAP: FROM \_\_\_\_\_ TO \_\_\_\_\_  
PM NAP: FROM \_\_\_\_\_ TO \_\_\_\_\_
4. DOES YOUR CHILD PREFER TO SLEEP ON HIS/HER:  
 STOMACH     SIDE     BACK
5. DOES YOUR CHILD USE A PACIFIER AT NAP TIME?  YES  NO
6. DOES YOUR CHILD USE A SPECIAL TOY AT NAP TIME?  YES  NO
7. 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

- BABY WIPES
- BABY LOTION
- DESITIN
- LOTRIMIN
- VASELINE
- A & D OINTMENT
- INSECT REPELLENT
- BABY POWDER OR CORNSTARCH
- OTHER: \_\_\_\_\_
- 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? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>				
2. IS YOUR BABY BOTTLE FED? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>				
TYPE OF BOTTLE: _____				
TYPE OF NIPPLE: _____				
TYPE OF FORMULA: _____				
3. DOES YOUR BABY NEED TO BE BURPED? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>				
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? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>				
IF YES, PLEASE SPECIFY THE TYPES OF FOODS AND HOW OFTEN :				
MEAL	TIME OF DAY	FOOD	JUICES	MILK/FORMULA
BREAKFAST				
SNACK				
LUNCH				
SNACK				
DINNER				
7. DOES YOUR CHILD HAVE ANY FEEDING PROBLEMS? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>				
IF YES, WHAT ARE THEY: _____				

TOILET INFORMATION: INFANTS & TODDLERS
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 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.
- COUNTY FAMILIES ARE ALSO REQUIRED TO ENROLL IN TUITION EXPRESS TO PAY FOR YOUR CO-PAYS.

# ANNA'S BANANAS TUITION EXPRESS

## 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.

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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 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: \_\_\_\_\_

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

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



**Hop aboard the Tuition Express  
and never write a check again!**

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com).

**For Bank Account Authorization, complete and return to center management.**

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

I (we) authorize \_\_\_\_\_, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express\* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

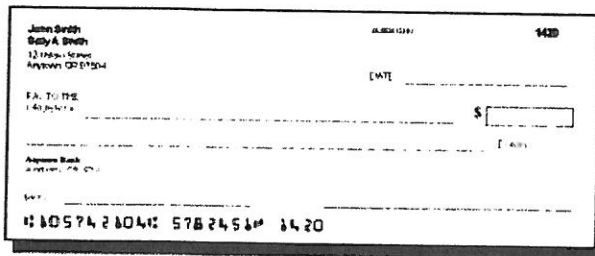
Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Routing Transit Number (see sample below) _____			Account Number (see sample below) _____		
Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings					

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Record Retention Notice:** The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Number    Account Number    Check Number

**Please attach a copy of a voided check here. Deposit slips not accepted.**



# 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: \_\_\_\_\_

