



NORTHSIDE

CHRISTIAN SCHOOL

804 131st Ave. NE, Blaine, MN 55434; 763-755-3993; e-mail: office@northsidemn.org

NCS Pre K First Day Documents to Read before First Day

Northside would like to welcome your family to the Pre-K program. The Minnesota Department of Human Services (MDHS) for Licensing and Northside Christian School Administration to read and be familiar with all of the attached documents. This packet is to be read **before your child may enter the classroom**. The final due date to complete NCS Pre-K First Day Readings and Documents for a child enrolled is five days before their first day of class.

Read the following policies that are **posted on the web-site** for familiarity and understanding the NCS Pre-K program

Preschool Handbook

NCS Yearly Calendar

MN Department of Human Services/NCS Child Care Emergency Plan

Maltreatment of Minors Mandated Reporting Policy for DHS Licensed Programs

NCS Lunch Guidelines / Cold Lunch Ideas

Policy for After Care

After reading the above policies, please fill out the 'Parent Signature of completion in the Document section.

Child Care Emergency Plan

Instructions: State law requires the following providers to use this form to create an emergency preparedness plan: (1) licensed child care centers (Minn. Stat. 245A.41, Subd. 3), (2) licensed family child care providers (Minn. Stat. 245A.51, Subd. 3), and (3) certified child care centers (Minn. Stat. 245H.15). Please refer to the Keeping Kids Safe planning guide for guidance in creating your emergency preparedness plan.

1. Provider Information

DATE CREATED 03.19.18	DATE(S) REVISED 07.28.21; 08.01.21; 01.05.22; 08.15.22; 08.01.23
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PROVIDER NAME
Northside Christian School

ADDRESS 804 131 st Ave. NE	CITY Blaine	STATE MN	ZIP CODE 55434
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PHONE NUMBER 1.763.755.3993	EMERGENCY PHONE (Classroom Teacher) 1.651.353.6042
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2. Shelter-in-Place / Lockdown Procedures If we need to stay in the building due to an emergency, the following procedures will be followed

LOCATION 1 (IN-BUILDING) Preschool/Prekindergarten Classroom	LOCATION 2 (IN-BUILDING) Library or Church Nursery; depending on the situation and position of the class at a time of transition during the school day.
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PROCEDURES FOR SHELTER-IN-PLACE / LOCKDOWN Describe your procedures (who, what, where, when)

TORNADO we relocate to the Church Nursery (end of the hall, right next to the Preschool Classroom). **TORNADO DRILLS** along with **FIRE DRILLS** are practiced and documented on a monthly basis.

LOCKDOWN situation occurring while the children are in the classroom, the steps should be executed as follows:

- 1) Teacher yells “Bathroom game!”
- 2) Boys run to the boy’s bathroom while the girls run to the girls’ bathroom.
- 3) Once inside of the bathroom, children shut the door and remain as quiet as possible.
- 4) Teacher immediately turns off the classroom lights.
- 5) Teacher grabs something sharp/hard to attack shooter upon potential forced entry of the classroom. Teacher positions herself to protect the children upon a potential forced entry.
- 6) Remain quiet and out of sight. Goal is to make the classroom appear vacant. Lockdown procedures are practiced during the preschool schedules. This is introduced and conducted as a “game” that the children look forward to as they compete with their fellow classmates, racing to the bathroom and remaining still and silent until the teacher opens the door.

SHELTER-IN-PLACE/LOCKDOWN FOR CHILDREN WITH DISABILITIES/CHRONIC MEDICAL CONDITIONS Include any special circumstances or procedures needed for children with disabilities or chronic medical conditions

Upon gathering information from parents regarding any special medical needs of their child, a safety bag containing basic first aid, emergency contacts, and any necessary medication for the child/children will be safely stored out of reach of children, but easily accessible to the teacher for such emergency situations. This bag will accompany the teacher anytime the children have transitioned outside of the classroom for a separate activity (recess, library, etc.)

Notification

EMERGENCY RESPONDERS WILL BE NOTIFIED WHEN

As soon as possible.

PARENTS / GUARDIANS WILL BE NOTIFIED WHEN

As soon as children are safe, and the incident has been resolved and secured by authorities.

Emergency Kit for Shelter-in-Place / Lockdown Situations

PLEASE DESCRIBE YOUR EMERGENCY KIT. Please see Keeping Kids Safe for more information about how to use your emergency kit during shelter-in-place and lockdown situations

Contains: Copy of Emergency Contact information for each child; copy of Emergency Preparedness Plan; basic first aid items; 2 blankets; gloves; Zip-lock bags; large towel

3. Evacuation and Relocation Procedures**IF WE NEED TO EVACUATE OUR SITE AND RELOCATE TO ANOTHER SITE, THE FOLLOWING PROCEDURES WILL BE FOLLOWED**

EVACUATION ROUTES AND EXITS Show how you and the children will leave from any room in the building

- 1) Teacher blows whistle, states what drill is being executed (TORNADO, FIRE, ETC).
- 2) Children line-up behind Teacher.
- 3) Teacher conducts head count to ensure all children are accounted for.
- 4) Teacher grabs emergency bag.
- 5) Teacher leads children quickly and quietly to exit the classroom's back door, leads them through the Fellowship Hall, heading towards the EXIT SIGN located near the back entrance of the school.
- 6) Exit back door entrance of the school and walk children to a safe central location in the parking lot.
- 7) Teacher conducts a final head count.

*Map on the wall displays best route for safety drills

EVACUATING INFANTS / TODDLERS Describe any special circumstances or procedures needed for evacuating infants and toddlers from the building

Not applicable.

EVACUATING CHILDREN WITH DISABILITIES OR CHRONIC MEDICAL CONDITIONS Describe any special circumstances or procedures needed for evacuating children with disabilities or chronic medical conditions from the building including procedures for storing a child's medically necessary medicine

Upon gathering information from parents regarding any special medical needs of their child, a safety bag containing basic first aid, emergency contacts, and any necessary medication for the child/children will be safely stored out of reach of children, but easily accessible to the teacher for such emergency situations. This bag will accompany the teacher any time the children have transitioned outside of the classroom for a separate activity (recess, library)

Notification

EMERGENCY RESPONDERS WILL BE NOTIFIED WHEN

As soon as possible.

PARENTS / GUARDIANS WILL BE NOTIFIED WHEN

As soon as children are safe, and the incident has been resolved and secured by authorities.

Emergency Kit for Evacuation and Relocation Situations

DESCRIBE YOUR EMERGENCY KIT. Please review Keeping Kids Safe for more information about how to use your emergency kit during evacuation and relocation situations

Contains: Copy of Emergency Contact information for each child; copy of Emergency Preparedness Plan; basic first aid items; 2 blankets; gloves; Zip-lock bags; large towel

Relocation - Location 1

BUILDING NAME The Office	REASON(S) TO EVACUATE TOLOCATION 1 Fire/Gas Odor		
ADDRESS 804 131 st Ave NE	CITY Blaine	STATE MN	ZIP CODE 55434
PHONE NUMBER 1.763.755.3993	EMERGENCY PHONE (Classroom Teacher) 1.651.353.6042		

TRANSPORTATION TO LOCATION 1

By foot, walking distance across the parking lot

OTHER DETAILS

8/1/23

Relocation - Location 2 (optional)

BUILDING NAME Givand Home (NCS Board Member)	REASON(S) TO EVACUATE TO LOCATION 2 If Location 1 is also unsafe due to Fire/Gas Odor		
ADDRESS 13037 Van Buren St NE	CITY Blaine	STATE MN	ZIP CODE 55434
PHONE NUMBER 1.763.208.7107	EMERGENCY PHONE 1.763 452-8460		

TRANSPORTATION TO LOCATION 2

By foot, walking distance across the parking lot

OTHER DETAILS

4. Parent/Guardian and Child Reunification Procedures

If we need to evacuate, shelter-in-place, or when parents/guardians are unable to get to children, the following procedures will be followed to reunite children with parents/guardians or designated contacts as soon as it is safe.

PARENTS / GUARDIANS WILL BE NOTIFIED WHEN

As soon as children are safe, and the incident has been resolved and secured by authorities.

PARENT/GUARDIAN CONTACT INFORMATION WILL BE MAINTAINED IN THIS LOCATION

Classroom: Stored in yellow folder, placed on wall near teacher's desk, labeled "Emergency Plan"

Black Emergency Bag: to be taken anytime children transition outside of the classroom with their teacher.

Release Children will only be released to parents/guardians or other individuals listed on the child's form (with proper identification) OTHER DETAILS ABOUT REALEASE OR REUNIFICATION

Upon parent/guardian arrival for pick-up, an ID must be provided to confirm the first and last name matches the Emergency Contact List information provided by the parent before a child will be released into their care. Persons not listed on the contact list must be identified by the parent at the time

5. Continuing Operations Procedures

In the period during and after a crisis, the following procedures will be followed regarding continuing operations

Notification and Decision Making

THE FOLLOWING PEOPLE WILL NEED TO BE NOTIFIED AND BE A PART OF THE DECISION-MAKING PROCESS REGARDING CONTINUED OPERATIONS DURING A CRISIS

- 1) Northside Office call phone # 763.755.3993
- 2) Way of the Lord Office Audrey Halverson call phone # 763.755.4800
- 3) Principal Beth Dvorak call phone # 612.209.1882
- 4) Assistant Principal, Marjean Halverson cell # 763.226.6334

THE FOLLOWING PEOPLE WILL NEED TO BE NOTIFIED AND BE A PART OF THE DECISION MAKING-PROCESS REGARDING CONTINUED OPERATIONS AFTER A CRISIS

- 1) *Same as stated above*
- 2) If deemed necessary based upon the situation and circumstances, Northside's MN DHS Licensor Joy Saengmany
Phone: 651-431-5729 Email: joy.saengmany@state.mn.us

ANY ADDITIONAL CONSIDERATIONS FOR OPERATIONS

Not at this time



MALTREATMENT OF MINORS MANDATED REPORTING POLICY FOR DHS LICENCED PROGRAMS – MN Department of Human Services, Division of Licensing 2014

Who Should Report Child Abuse and Neglect

- ❖ Any person may voluntarily report abuse or neglect
- ❖ The staff is legally required or mandated to report and cannot shift the responsibility of reporting to the program director or to anyone else at the school. If the staff knows or has reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years, he/she must immediately (within 24 hours) make a report to an outside agency.

Where to Report

- ❖ If the staff knows or suspects that a child is in immediate danger, call 911.
- ❖ All reports concerning suspected abuse or neglect of children occurring in the school should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651)431-6600.
- ❖ Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at Anoka County or local law enforcement at (763)427-1212.
- ❖ If the report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the school, the staff should call the Department of Human Services, Licensing Division at (651)431-6500.

What to Report

- ❖ Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and are found on pages 31-37.
- ❖ A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within the pre-school program, the report should include any actions taken by the school in response to the incident.
- ❖ An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

Failure to Report

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

Retaliation Prohibited

An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

Internal Review

When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in the program. The internal review must include an evaluation of whether:

- ❖ Related policies and procedures were followed
- ❖ The policies and procedures were adequate
- ❖ There is a need for additional staff training
- ❖ The reported event is similar to past events with the children or the services involved
- ❖ There is a need for corrective action by the license holder to protect the health and safety of children in the program

Primary and Secondary Person or Position to Ensure Internal Reviews are Completed

The internal review will be completed by the Northside Christian School Pre-school Director. If this individual is involved in the alleged or suspected maltreatment, Northside Pre-school Lead Teacher will be responsible for completing the internal review.

Documentation of the Internal Review

The school must document completion of the internal review and make internal review accessible to the commissioner immediately upon the commissioner's request.

Corrective Action Plan

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

Staff Training

The school provides training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The school must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

The mandated reporting policy must be provided to parents of all children at the time of enrollment in the child care program and must be available upon request. This policy is part of the reading found in the Northside Preschool First Day Packet.

NCS Lunch Guidelines

Under the Minnesota Daycare Licensing bag lunches may be provided by parents. Each lunch should provide one-third of the child's daily nutritional needs; please see the attached sheet for a list of ideas and proportions. The Minnesota requirements state that there should be **no peanut** related items in any lunches or snacks because of students who have peanut allergies.

If any child has allergies that would be affected in a public environment, the parent is required to fill out the "Individualized Child Care Program Plan (ICCPP)" that is part of this "First Day Packet".

Lunch bags will be stored in the child's designated classroom cubby.

Parents are asked to follow the following guidelines in order to provide well-balanced and nutritional needs as specified by the USDA guidelines:

1. Small thermos container of 1% milk to drink at lunch time. If the child has dairy related allergies, they should bring either a juice box or a bottle of water.
2. NO peanut related items
3. The lunch should only include a small amount of sugar
4. Keep everything simple: child size portions, child-easy to open containers, bite size pieces, and items that minimize a possible mess.
5. Items must be non-microwavable
6. Provide plastic spoon or fork that would be 'ok' if thrown away
7. If child brings a lunch box, parents are to wash it out at the end of each week.

There will be a staff person or a classroom parent aid that will sit with the children as they eat lunch to provide help as needed and to monitor safety. All children will be required to stay seated until all children have completed eating their lunch (the lunch block is approximately 30 minutes). Students will not be allowed to touch another student's lunch or share any food items.

School Lunch Packet



Prekindergarten

Cold Lunch Ideas



Main lunch

(Meat/Grains/Cheese)

Meat and Cheese Sandwich

Meat & crackers

Cheese & crackers

Bagel

Muffin

Sandwich Wrap

Veggies

Celery

Broccoli

Peppers

Carrots

Cucumber

Cauliflower

Fruits

Strawberries

Mango

Banana

Pear

Peach

Grapes

Apple

Kiwi

Blueberries

Dairy

Yogurt

Cottage Cheese

Cheese Sticks



NCS Policy for Eagle's Club Program

(Formerly NCS Extended Care)

Eagle's Club Procedures as stated in the NCS Pre-K & K-8 Handbooks:

Extended school care is a separate program from Northside's regular school hours.

- **Hours:** Half Day Students 11:00 am to 2:15 pm; Pre-K Classroom
Full Day Students 2:15pm to 4:45pm; Fellowship Hall or outside
- **Form:** Each child who uses the Eagle' Club program on a regular basis must fill out and sign the Eagle's Club Signup. Application provided by the Program Director or on NCS website.
- **Sign in and out:** Children are signed into the Eagle's Club program each day by the Program Director. A phone number for the Program Director will be provided to parents to contact the time they arrive for pick-up since the doors are locked, and the program is held downstairs.
- **Cost:** The charge is based per hour that the child is in the program. Parents should note that if the child is picked up past 4:45 the cost will increase. The monthly charges will be added to the family's TADS billing account the beginning of the next month. See Eagle's Club Fee Schedule for costs.

Unscheduled Eagle's Club Requests: If an Eagle's Club schedule has not been established with the NCS Office for your child, parents are to follow the below steps to establish Eagle's Club:

- 1) Unscheduled requests for Eagle's Club must be submitted to your child's Home Room Teacher and the school office **by 11 am. Please note that half day Pre-K students will not have a lunch unless the extended day was preplanned the day before.**
- 2) Please provide the Pre-K Teacher and the school office with the estimated time of pick-up, full name and contact information of person picking-up student that day.
- 3) Program Director will contact pick-up person, stating who they are and how to contact them upon pick-up time from Eagle's Club. Doors are locked at all times.
- 4) Pick-up person must provide ID (drivers' license) for child to be released from the property. This includes **PARENTS** as Program Director does not know each student's parent or primary contact.
- 5) Text the Program Director (Sarah Hunt) @ 763-744-6073 when you arrive.

If any child is not picked up by 2:15 they will be signed in by the teacher to the Eagle's Club Program and the family will be charged per hour. The parent will be contacted by the Program Director for how to contact him/her when the parent arrives for pick-up of the child. ****Automatic \$12 charge once placed in Eagle's Club****
During Eagle's Club Hours: Parents are responsible to contact the Program Director for any scheduling changes such as running late or changing who will pick-up their child. ID must be provided for child to be released from the property.

Additional Late Fee: \$12 past 4:45pm, additional \$12 every 15 minutes thereafter.



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NCS Pre K Parent Packet for Pre-K First Day Parent Signature for the Completion of Reading and Documents

Northside would like to welcome your family to the Pre-K program. The Minnesota Department of Human Services (MDHS) for Licensing and Northside Christian School Administration to complete all attached documents. This packet is to be copied, completed and given to the NCS office **before your child may enter the classroom**. The final due date to complete NCS Pre-K First Day Documents for a child enrolled is five days before their first day of class.

By completing these documents, you do not need to duplicate any forms on TADS

Authorization for Reading the policies **posted on the web-site** for familiarity/understanding the Pre-K program

Preschool Handbook

NCS Yearly Calendar

MN Department of Human Services/NCS Child Care Emergency Plan

Maltreatment of Minors Mandated Reporting Policy for DHS Licensed Programs

NCS Lunch Guidelines / Cold Lunch Ideas

Policy for After Care

Copy the following for your child's file (forms may be scanned and emailed to office@northsidemn.org)

Copy of an official **Birth Certificate**

Current **immunizations document**

If parent chooses to **exempt from** school immunization the parent must fill out the back of the 'Student Immunization Form' and have it notarized by a Notary

Required Parent forms that must be complete with signature and a paper copy placed in the child's school file.

Minnesota Preschool Health Care Summary copied and filled out by child's physician

Individualized Personal Health Care Plan – Part C must be filled out by the child's physician or the parent if there are no orders by the physician.

Emergency Contact Form - 2 primary contacts and 2 secondary contacts

Media and Photo release authorization form

NCS After Care Program Request Form

I the parent or guardian have truthfully read and understand each of the above documents and have filled out each of the above forms to the best of my ability. I have given NCS Office the required completed forms before my child's first day of class. I agree to the terms and guidelines as set by NCS administration and school board.

Print parent or guardian's name: _____

Parent or Guardian's signature: _____ Date: _____

NCS Preschool Director's signature: _____ Date: _____

Child's Name: _____ Date of Birth: _____

Parent name: _____ Phone: _____

Address: _____ Date of Enrollment: _____

(This form is in addition to the immunization form/report)

Completed by Family Physician

(Form required by the state of Minnesota)

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? _____

Does this child have any allergies – if the answer is yes, please fill out the 'Individualized Personal Health Care Plan (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in any emergency? _____

What is the status of the child's? Vision _____

Hearing _____

Speech _____

List the important health problems: Followed by you _____

Followed by other med source (name) _____

Requires Special attention at a center _____

Other information that is helpful to the child's program _____

Physician's address or clinic name _____

Physician's printed name: _____

Physician's signature _____ Phone _____

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Immunization Form

Name _____

Birthdate _____

Immunizations required for child care, early childhood programs, and school.

Birth to 6 months

12 - 24 months

At Kindergarten

At 7th grade

At 12th grade

Vaccine

Hepatitis B

Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)

Haemophilus influenzae type b (Hib)

Pneumococcal (PCV)

Polio

Measles, Mumps, Rubella (MMR)

Chickenpox (varicella)

Hepatitis A

Tetanus, Diphtheria, Pertussis (Tdap)

Meningococcal (MCV4)

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Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
 - If you have a copy of your child's immunization history, you can attach a copy of completing the front of this form.
 - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
 - Document medical and/or non-medical exemptions in section 1.
 - Verify history of chickenpox (varicella) disease in section 2.
 - Provide consent to share immunization information (optional) in section 3.

Instructions: Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name _____

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

B. Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I understand that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: _____ Date: _____
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me on _____ (date)

Notary Stamp



by _____ (name of parent or guardian)

Notary Signature: _____

STATE OF MINNESOTA, COUNTY OF _____

Signature: _____ Date: _____
(of health care practitioner*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year _____

My signature below means that I confirm that this child does not need chickenpox vaccine because:

I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.

I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: _____ Date: _____
(of health care practitioner*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: _____ Date: _____
(of parent/guardian)



Individualized Child Care Program Plan (ICCPP) – Medical or Learning needs as mandated by licensing

804 – 131st Ave. NE, Blaine, MN 55435; 763-755-3993; email office@northsidemn.org

4/1/23

Part A: Family Information – by parent

Child's Name: _____ Date of Birth: _____
Parent name: _____ Phone: _____
2nd name for emergency: _____ Phone: _____
Clinic & Physician's Name: _____ Phone: _____
Clinic & Dentist's Name: _____ Phone: _____
Other Specialist Name: _____ Phone: _____

Part B: Medical History: Sensitivities and Allergies – by physician or parent

Check all that applies and give an explanation of the following:

- Any professional health/academic diagnosis (attach the report):
- Health care conditions/treatments/procedures:
- Life-threatening conditions:
- Vision or hearing
- Allergies (plants, animals, food, molds, drugs, bees, insects, lotions, sprays, other):
- Asthma action Plan

List the triggers / symptoms or **avoidance techniques**: (add phrase 'No Additional Triggers' at the end)

How quickly do the signs/symptoms appear after exposure?

List any special accommodations as required by the physician:

8/1/23

Part C:

Treatment for medical needs – by Physician and Parent

Northside does not have a licensed nurse on staff; therefore, the administration requests that, if possible, all medication be administered by the child’s parent. If it is necessary for medication (both prescription and non-prescription) to be given during the school day by the classroom teacher, please send with your child.

- The Individualized Personal Health Care Plan filled out by the parent
- The prescription or original bottle with the child’s name on the bottle. This bottle is readily available to staff and is stored out of reach from any child.
- **The following filled out by the child’s physician or parent if no physician’s orders:**

I _____ (Physicians name printed) have prescribed the following medication and request the dosages be given during school hours:

Name of Medication _____ Dosage to be given _____

How is the medication to be stored? _____

Unit dose (strength provided _____ Number of unit doses (e.g., tablet, liquid) _____

Time to be given _____ How to be given _____

For treatment of _____

Possible side effects _____

Possible interventions that may be required _____

Special instructions (include an attachment if need more space) _____

Last date to be given _____

Physician’s address or clinic name _____

Physician’s printed name: _____

Physician’s signature _____ Phone _____

Part D: Other Special Needs

Write a brief statement listing the need and the specialist's diagnosis:

List areas of Developmental concerns:

List any services the child has received or is receiving outside of the school:

List any specifications by the specialist for indoor/outdoor activities:

Part E: Parental request for administration of medication and release authorization

Only when a medication is prescribed to be taken during school hours will a child be given medication at school. I request this medication be given as prescribed and the above requested information be released from the physician to the school.

I understand the information given will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent's printed name: _____

Parent/Guardian Signature _____

Date _____

Part F: All staff working with the child have been informed and trained on any specific needs as directed by any specialist:

Director's signature _____

Lead Teacher's signature _____

Teacher's Aid Signature _____

Other aid signature _____

Preschool Emergency Contact Information

804 – 131st Ave. NE, Blaine, MN 55435; 763-755-3993; email office@northsidemn.org

Child's Name: _____ Date of Birth: _____

Child's Address _____

Parent name _____

Parent Signature _____ Date _____

The Minnesota Department of Health Services for Licensing requires all parents to provide the teacher with two primary and two secondary contacts to be placed in the classroom in case of an emergency. Please fill out the following in descending order of who you would like to have contacted: (This form is in addition to the emergency information provided on TADS)

Two Primary Contacts

1. Name: _____ (relation) _____

Address: _____

Preferred phone number _____ Alternate phone number _____

2. Name: _____ (relation) _____

Address: _____

Preferred phone number _____ Alternate phone number _____

Two Secondary Contacts / Alternate People Authorized for Drop-off or Pick-up

1. Name: _____ (relation) _____

Address: _____

Preferred phone number _____ Alternate phone number _____

2. Name: _____ (relation) _____

Address: _____

Preferred phone number _____ Alternate phone number _____



NCS and Classroom Media/Photo Release

Dear Parents/Guardians

Northside's staff and volunteers, representatives of the news media and others occasionally photograph and audio and/or video record Northside's students. The photos, audiotapes and videotapes may be used in school and community newsletters, e-newsletters, newspapers, activity programs, yearbooks, brochures, educational videos, podcasts, websites, social media sites and television, and for other appropriate school-related uses.

Parents/guardians may choose to limit the use of their child's photo. Please initial one of the restriction options:

_____ **No Restriction:** My child's photo will be taken and/or my child may be videotaped or audiotape for all school purposes as described above.

_____ **Partial Restriction:** My child's photo will be taken and used only for the school yearbook (including individual and group photos for class and activities), and for school identification records.

Read and initial the classroom use only:

_____ **Classroom Photo Release:** The teacher has my permission for pictures of my child to be taken by the teacher throughout the school year for in-house purposes only. Examples of pictures taken: first day of school, cubby pictures, special events, and pictures of my child during daily school activities, etc. These photos will not be used for any other purpose and will not be released on social media.

Note to Parents: All students' photographs are taken and used for internal school identification purposes. If you have marked "Partial Restriction," the school will take reasonable steps to prevent your child from being photographed or audio/video recorded, however the school cannot guarantee your child will not be photographed or audio/video recorded in situations such as school assemblies and chapel, walking through school hallways, and other situations where there are large numbers of students present. If you require additional restrictions for your child's photo, please contact Vice Principal, Marjean Halverson at 763-755-3993. This document will be kept in your students' cumulative file.
Thank You.

Print Student Name: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Teacher Signature: _____ Date: _____



**Required form for all
Pre- K Students**

Child's Name _____ / _____
Last First Grade

Address _____
Street City State/Zip

Authorized Persons to pick up

Father's Name (please print) _____ Signature _____

Phone: Cell _____ Work _____

Mother's Name (please print) _____ Signature _____

Phone: Cell _____ Work _____

Authorized Name (please print) _____ Signature _____

Phone: Cell _____ Work _____

Parent/Guardian's signature for having read and understand NCS Policy for Eagle's Club _____

Sign up: (Any changes throughout the year, you must notify the office as soon as possible)

Consistent use:

Check Hours per day _____ 1 hour _____ 1.5 hours _____ 2 hours _____ 2.5 hours

Check number of days per week _____ M _____ T _____ W _____ Th _____ F

Payment Options:

_____ Pay monthly 8 months October – May (billed on your TADS account)

_____ Pay in full (5% discount)

Occasional/Irregular use:

Notify the Home Room Teacher and school office by noon of the day of use.

Cost: Daily rate is \$12.00 per hour

Children not picked up by 2:15 pm will be signed into the Eagle's Club by their teacher. The family will be charged the occasional-use rate. Parents will be contacted by the Program Director to coordinate pick-up of their child(ren). Half-day Pre-K children not picked up by 11:00 am will remain in the Pre-K classroom and the family will be charged \$5.00 for every 15 minutes that the parent is delayed for pick-up.

Additional Late Fee: \$12.00 past 4:45 pm, additional \$12.00 for every 15 minutes thereafter.

The Program Director will complete a daily log in sheet for your child with the times and your signature. Extra hours beyond your agreement will be charged to your TADS account.