

Please print packet single-sided.

Please call the center for any questions.



Dear Parents,

Welcome! Thank you for your interest in Excel Preschool! At Excel, we strive to help prepare your child for the academic world by nurturing an early interest in learning and encouraging hands-on learning experiences by providing a high-quality early learning option for you and your family. Concepts emphasized include language, STEM, creative arts, and social development.

Excel is proud to implement the Frog Street curriculum which offers a well-rounded scope of activities in all the developmental domains. Conscious Discipline and Preschool Life Skills guides us in our behavioral, social, and emotional domains. Children are also given time to plan and reflect on their activities each day to encourage task preparation as well as language and thought organization.

At Excel, we pride ourselves on offering you and your child a quality early learning experience. Our assessments track your child's development, and we use those assessments to develop a plan to support your child in both their strengths and any weaknesses.

Excel welcomes parent check-ins any time during operating hours. Doors will be locked throughout the day for child safety. Parents need only check in at the front desk if they would like to observe.

Additional questions, please contact us!

Please complete this registration packet and return it to the front desk at the address listed below at least 2 WEEKS PRIOR TO START.

Excel Preschool
4500 Industrial Park Rd, Stevens Point
715-544-0832



2K & 3K Preschool Supply List

NOTE: 4K Supply List is organized by the Stevens Point School District

On the first day of preschool, Excel Preschool requests each child come with some materials to share with the entire classroom. Do not label these items. These items include:

- 2 boxes of thick Crayola markers, any quantity
- 4-pack of Play-Doh
- 3 boxes of Kleenex
- 2 boxes/bags of crackers, cereal, or another dry snack
- 2 boxes gallon-size Ziploc bags (any brand is fine)
- **3K ONLY:** 1 journal-sized, lined, or unlined, spiral notebook (Should be approx. half the size of a regular notebook. This is used for your child to journal in throughout the year and sent home for you to keep at the end of the year.)

Each day, children should come to school with the following labeled with their name:

- 1 backpack
- 1 water bottle
- 1 full-set change of clothing (to be left in backpack) - socks, underwear, pants, shirt
- Diapers, wipes as needed
- **AFTERCARE/FULL-DAY WRAP STUDENTS ONLY:** 1 child-sized nap mat with attached blanket (to stay at school)
- **AFTERCARE/FULL-DAY WRAP STUDENTS ONLY:** 1 packed cold lunch daily

Please note: We try to plan fun and sometimes messy activities for the students on a regular basis. Please keep this in mind when dressing your child each day. We recommend clothing that you are okay with getting a little messy!

UPDATED CHILD AND ADULT CARE FOOD PROGRAM MEAL PATTERNS: CHILD AND ADULT MEALS



USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. Under the updated child and adult meal patterns, meals served will include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. The changes made to the meal patterns are based on the Dietary Guidelines for Americans, scientific recommendations from the National Academy of Medicine, and stakeholder input. CACFP centers and day care homes must comply with the updated meal patterns by October 1, 2017.

Updated Child and Adult Meal Patterns



Greater Variety of Vegetables and Fruits

- The combined fruit and vegetable component is now a separate vegetable component and a separate fruit component; and
- Juice is limited to once per day.



More Whole Grains

- At least one serving of grains per day must be whole grain-rich;
- Grain-based desserts no longer count towards the grain component; and
- Ounce equivalents (oz eq) are used to determine the amount of creditable grains (starting October 1, 2019).



More Protein Options

- Meat and meat alternates may be served in place of the entire grains component at breakfast a maximum of three times per week; and
- Tofu counts as a meat alternate.



Age Appropriate Meals

- A new age group to address the needs of older children 13 through 18 years old.



Less Added Sugar

- Yogurt must contain no more than 23 grams of sugar per 6 ounces; and
- Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.



Making Every Sip Count

- Unflavored whole milk must be served to 1 year olds; unflavored low-fat or fat-free milk must be served to children 2 through 5 years old; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk must be served to children 6 years old and older and adults;
- Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to children or adults with medical or special dietary needs; and
- Yogurt may be served in place of milk once per day for adults only.



Additional Improvements

- Extends offer versus serve to at-risk afterschool programs; and
- Frying is not allowed as a way of preparing foods on-site.

Breakfast Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup
Vegetables, fruit, or both	¼ cup	¼ cup	½ cup	½ cup	½ cup	½ cup	½ cup	½ cup
Grains	½ serving	½ oz eq*	½ serving	½ oz eq*	1 serving	1 oz eq*	2 servings	2 oz eq*

*Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week.
Oz eq = ounce equivalents

Lunch and Supper Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup*
Meat and meat alternates	1 oz	1 oz	1 ½ oz	1 ½ oz	2 oz	2 oz	2 oz	2 oz
Vegetables	¼ cup	⅛ cup	½ cup	¼ cup	¾ cup	½ cup	1 cup	½ cup
Fruits		⅛ cup		¼ cup		¼ cup		½ cup
Grains	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1 oz eq	2 servings	2 oz eq

*A serving of milk is not required at supper meals for adults
Oz eq = ounce equivalents

Snack Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	½ cup	½ cup	1 cup	1 cup	1 cup	1 cup
Meat and meat alternates	½ oz	½ oz	½ oz	½ oz	1 oz	1 oz	1 oz	1 oz
Vegetables	½ cup	½ cup	½ cup	½ cup	¾ cup	¾ cup	½ cup	½ cup
Fruit		½ cup		½ cup		¾ cup		½ cup
Grains	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1oz eq	1 servings	1 oz eq

Select 2 of the 5 components for snack.
Oz eq = ounce equivalents

Note: All serving sizes are minimum quantities of the food components that are required to be served.

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance - admin only
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PARENT OR GUARDIAN – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
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Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
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Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
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AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.

Yes No This person is authorized to pick up the child.

Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number
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AUTHORIZATIONS

- Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- Yes No I give permission for my child to participate in Transported Walking field trips and other activities during operating hours.
- Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center. **No pets are in attendance at Excel Preschool.**

SIGNATURE – Parent or Guardian	Date Signed
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HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
Home Address (Street, City, State, Zip Code)		

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address	Telephone Number
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

<input type="checkbox"/> No specific medical condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal or feeding concerns, including special diet and supplements
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy / seizure disorder	<input type="checkbox"/> Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
<input type="checkbox"/> Cerebral palsy / motor disorder		
<input type="checkbox"/> Other condition(s) requiring special care – Specify.		

 Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

 Food allergies – Specify food(s).

 Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

a.

b.

c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____



Attention Families!

We are thrilled to announce that we are launching a new and exciting program called **HiMama!**



What is HiMama?

HiMama will be used by our educators to record activities and to document updates throughout the day.



What will HiMama do for me?

HiMama will keep you in the loop- all day long! Whether it be at work, home, or on the go through HiMama's mobile app, you'll never miss a moment!



Amazing! What should I do next?

You can download "HiMama - The Childcare App". Check your email inbox - we'll be sending your invitation shortly!

Want to learn more? Visit www.himama.com!





CENTER NAME: _____

Participation Agreement

to email and publish my child's work, photographs or videos via HiMama

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit www.himama.com. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child's Name: _____

My Name: _____

My Email: _____

Signature: _____ Date: _____

Note: Please complete the Participation Agreement for each parent / guardian of the child.

Please let us know which additional adults you would like to have access to your child's daily information on the HiMama app!

Simply add their names and email addresses below and instructions will be sent to that email address!

Child's Name:

Name (First & Last)	Relationship to Student	Email Address

Signature

Date



PARENT INTERVIEW

Child's Name: _____

Date of Birth: _____

Child's Nicknames (name he/she is typically called): _____

Parent Names: _____

Parents: Please complete the following interview by writing your response in the boxes provided. Skip any questions that are not relevant to your child.

HOME

Who lives in the home with you and your child? (<i>List all siblings and ages</i>)	
Any religious or cultural considerations staff should be aware of?	
What languages are spoken in the home?	

HEALTH

List any diagnosed medical/developmental conditions.	
List any special health needs or concerns.	
List any allergies, sensitivities or intolerances & instructions.	

DEVELOPMENT

What are some of your child's interests?	
What are some things your child is good at?	
What are some things your child finds more difficult or frustrating?	
How does your child currently communicate his/her wants and needs?	
Any concerns with your child's speech?	Describe:
Does your child have Birth to 3 services or an IEP?	<i>(If so, please attach the IFSP or IEP.)</i>
Does your child engage in problem behavior such as kicking or hitting others or hitting him/herself?	Describe:

BATHROOM

Is your child potty trained? If no, describe current toileting or diapering routine/training.	
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Please list anything else you would like us to know about your child here:



EXCEL POLICY

By signing below, you indicate that you have reviewed the entire list of policies and procedures outlined in the official Parent & Family Handbook. The handbook can be found on the website www.excelwi.org.

Please label EVERY individual item that belongs to your child (i.e. each mitten, shoe, sock, toy, cup, spoon, lunchbox, backpack etc.) with his/her first two initials of the first and last name (i.e. JaDo).

Fill out ONLY if applicable:
Custodial parent name: _____. As a condition of enrollment, a copy of the custody decree indicating primary placement and current custody agreement for the child **MUST** be on file.

By signing below, you acknowledge you have read through the handbook and policies in its entirety and understand and agree to all policies and announcements outlined here and in the Excel Parent & Family Handbook.

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Print Child Name



FINANCIAL AGREEMENT & FEE SCHEDULE

Submission of this form does not guarantee schedule requested. Schedule is subject to classroom availability.
 Tuition includes breakfast and snacks. Child must be 2 years old to attend.
 Aftercare/Wrap Around students must pack a lunch from home.

Child's Name: _____ Child's DOB: _____

Students must be 2 years old to begin 2K. Students must be 3 years of age on or before Sept 1 of current school year to start 3K.

	MARK SELECTION	SCHEDULE	DAYS	WEEKLY TUITION	AFTERCARE	WEEKLY TUITION w AFTERCARE
2K & 3K	<i>Drop Off: 7:30am – 8am Pick Up: 12:00pm</i>			<i>Pick up by 5:00pm</i>		
		2 days	Mon/Wed	\$110	No Yes	\$160
		2 days	Tues/Thurs	\$110	No Yes	\$160
		3 days	<i>Circle which days:</i> Mon Tues Wed Thurs	\$140	No Yes	\$215
		4 days	Mon - Thurs	\$150	No Yes	\$250

4K	<i>Wrap Care</i>		WEEKLY TUITION	
		Full day Wrap ¹	Mon – Thurs	\$175
		Half day Wrap ²	Mon – Thurs	\$50

1. Full-day wrap allows your child to attend Excel from 7:30am to 5pm. Must be enrolled in Excel Preschool 4K **MORNING SECTION** through Stevens Point School District and must pack a lunch from home. This service provides care for your child outside of the 4K class time. Full day wrap students can attend on non-4K days. This is an optional addition to SPAPSD's free 4K program.

2. Half-day wrap allows you to drop off your child as early as 7:30am and pick up by noon. Breakfast is provided if student arrives by 8am when breakfast is served. This is a good option for parents with younger siblings enrolled in our half day 2K or 3K program so drop off and pick up can be at the same time. Half day wrap students do not attend on non-4K days.

Financial Agreement effective January 2021:

- Fees for services are subject to change and a 30-day written notice will be provided, when possible, if changes occur.
- The parent/guardian is expected to pay any outstanding personal balance in full each month or according to the agreed upon payment schedule.
- Should financial hardship arise, the parent/guardian should contact Excel immediately to arrange a satisfactory means for addressing the obligation.

- It is understood that Excel, with proper notice, may suspend services if at any time it is determined that satisfactory progress is not being made to retire the outstanding debt.

By signing below, I agree to the financial schedule selected for my child _____ (child name) and understand it is subject to change. I also understand the Fee Charges and Yearly Registration Fee. I accept responsibility for the charges as outlined in the policies and agreements.

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Parent DOB



BANK TRANSFER AUTHORIZATION FORM

I authorize Excel Preschool/Arrow Academy Inc. to electronically debit my bank account according to the terms outlined below for my child, _____ (child's name). I acknowledge that electronic debits against my account must comply with United States law.

Bank account information: Checking OR Savings

Routing Number

Account Number

Payment is processed every other Monday in the totaled amount specified and signed to from the Financial Agreement. Payments are processed in advance of the services being rendered and begin upon the Monday of the week of first attendance.

This payment authorization is to remain in effect until I notify Excel of the child's disenrollment in the program with proper advanced written notice from the parent/guardian in enough time for the business and receiving financial institution to have reasonable opportunity to act on it. I certify that I am an authorized user of this bank account and that I will not dispute the payment with my bank; so long as the transaction corresponds to the terms indicated in this form.

Printed Name

Signature

Date

E-mail Address

Phone Number

ATTACH VOIDED CHECK HERE



PICTURE/VIDEO RELEASE

Child Name: _____

Date of Birth: _____

Excel uses photographs and/or videos of children receiving services in our school for marketing, website development, child learning or staff training.

I have indicated below that photographs/digital images, video clips, and/or quoted remarks may be used as follows: (circle all that you authorize)

Yes	No	Pictures used internally for child learning such as crafts or in-room art
Yes	No	Video used to train staff or provide feedback to staff on curriculum instruction
Yes	No	Printed publication or materials (such as newsletters, brochures, marketing materials)
Yes	No	Electronic publications or presentations (TV or another broadcast media)
Yes	No	Website and social media (Excel website, Facebook)

I authorize the use of these materials (as indicated above) indefinitely without compensation to me. All prints, digital reproductions and video or audio recordings shall be the property of Excel.

Parent/Legal Guardian Signature

Date

Enrollment requires immunization records and a health report be on file for your child. Please sign the attached HIPAA form and we will fax your child's pediatrician for those records.

Please put your child's pediatrician name and hospital name on the entity line.

If you prefer to take the documents to your child's pediatrician yourself, please let us know and we will provide you with the forms that need to be completed.



HIPAA Privacy Authorization Form

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)

AUTHORIZATION

I authorize EXCEL PRESCHOOL to **use, disclose** and **exchange** the protected health information described below with

_____ (individual/entity seeking or holding the information).

- | | | |
|--|--|--|
| <input type="checkbox"/> Behavioral Records | <input type="checkbox"/> Diagnostic/Assessment/Progress Reports | <input type="checkbox"/> Direct Observations |
| <input type="checkbox"/> Individualized Education Plan (IEP) | <input type="checkbox"/> Medical Records (i.e. wellness check, immunizations etc.) | |
| <input type="checkbox"/> Individualized Family Service Plan (IFSP) | <input type="checkbox"/> Other _____ | |

This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

This authorization shall be in force and effect until services are terminated. At which time, this authorization expires.

I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Printed- Child Name

Date of Birth

Authorized Signature

Date

Relation to client (circle one of the following):

MOTHER FATHER LEGAL GAURDIAN

other _____