

# **Four Bears Discovery Center**

2006 Chief Four Bears Ave.

New Town, Nd 58763

701-627-3279

## **Application Check List**

Your Application for Four Bears Discovery must be complete, along with the authorization forms with the application.

- Enrollment Application
- Provider / Parent Contract
- Child Pick-Up Authorization
- Child Information Sheet
- Parents Statement on Health of Child
- Daycare Photo Release Form
- Four Bears Discovery Center Permission Slip
- Water Activity Permission Form
- Parent Request for No Sunscreen
- Consent to Apply Insect Repellent to Child
- Emergency Transportation Consent Agreement
- Emergency Relocation Shelter Agreement
- Copy of Birth Certificate
- Copy of Immunizations

# Four Bears Discovery Center Enrollment Application

2006 Chief Four Bears Avenue  
Center 701-627-3279

**Director: Lindsay High Horse**  
**701-421-7107**  
**lhighorse@mhanation.com**

## Circle Segment Family Resides In:

North Segment- New Town

South Segment- Twin Buttes

Four Bears Segment

West Segment- Mandaree

North East Segment- Parshall

East Segment- White Shield

Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Parent/Guardian Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

## **EMERGENCY CONTACTS**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Phone \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Phone \_\_\_\_\_

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## **PROVIDER/ PARENT CONTRACT**

The purpose of this agreement is to make all parties aware that they are entering into a serious agreement, remind both parties of their obligations and spell out the consequences if the terms are broken. This agreement will be reviewed yearly. You will be given a 30-day notice of any proposed changes. There is a two-week trial period that starts on your child's first day of care. After the end of the two weeks, if the provider of parent decides this isn't a good fit, the contract will be terminated.

Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email: \_\_\_\_\_

Current Cell Phone Number: \_\_\_\_\_

(In the event of an emergency, a phone call will always be made.)

Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email: \_\_\_\_\_

Current Cell Phone Number: \_\_\_\_\_

(In the event of an emergency, a phone call will always be made.)

**Child(ren)**

- 1. Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 2. Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 3. Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- 4. Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**The First Day of Care will be:** \_\_\_\_\_

The child(ren) hours for the child(ren) covered by this contract will be from:

- Monday-- \_\_\_\_\_ to \_\_\_\_\_
- Tuesday-- \_\_\_\_\_ to \_\_\_\_\_
- Wednesday-- \_\_\_\_\_ to \_\_\_\_\_
- Thursday-- \_\_\_\_\_ to \_\_\_\_\_
- Friday-- \_\_\_\_\_ to \_\_\_\_\_

Four Bears Discovery Center open at 7:30 am, doors close at 9:00 and daycare closes at 5:00 pm. However, I need you to have your drop-off and pick-up time as specific as possible. All pick – ups must be here before 5:00 pm, If you’re going to be late call us and make prior adjustments beforehand. We will need a copy of work schedule.

**Tuition & Payment**

**Rate is for all ages:**

**Weekly: \$275                      Monthly: \$1,100**

**Initial Deposit: \$100**

Deposit is non-refundable.

Payment is due every first Friday of every month. This fee includes major holidays, family vacations, sick days, family emergencies and any additional days your child is gone. You are paying for the daycare to hold a spot for your child regardless of if they are here or not.

## **Holidays**

Four Bears Discovery Center will be closed on the following holidays:

New Year's Day Observed  
Martin Luther King Day Observed  
All Chiefs Day Observed  
Good Friday Observed  
Easter Observed  
Memorial Day Observed  
Independence Day Observed  
Labor Day Observed  
First Nations Day Observed  
Veteran's Day Observed  
Thanksgiving Observed  
Christmas Day Observed  
New Year's Day Observed

If any of these holidays fall on a weekend, the closest Friday or Monday will be chosen as the day off. Full tuition is due for the week that these holidays fall on.

## **Unexpected Closings**

Four Bears Discovery Center will be open on public school "snow days". We may open late if necessary. On a rare occasion, we may close to a situation beyond our control (ice storms, electrical outage, no water service, etc.). You will be called or texted (your preference) as soon as possible if we need to close. You will be responsible for finding back up care for your child.

## **Termination after the Two-week Trial Period:**

- 1.) The client must give a two week notice to the end the contract. Payment is due for the notice period whether or not the child is brought to the provider for the care during that time.
- 2.) The provider may terminate this contract at will. For example, threats or accusations from a parent, sudden illness, disruptive parents, or a safety issue involving the child or parents.
- 3.) The provider reserves the right to immediately terminate contract without notice if the client does not make payment in full when due.

**By signing this contract, clients indicate that they have also read the Four Bears Discovery Daycare Centers Policy and Procedures.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Director/Supervisor Signature**

\_\_\_\_\_  
**Date Signed**

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Child Pick-up Authorization

Name of  
Child(ren) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following people are authorized to pick-up the above named child(ren) at any time from **Four Bears Discovery Center**.

I authorize **Four Bears Discovery Center** to release my child(ren) into the care of the following people whenever they come to pick-up at the center.

## Authorized Pick-up Person

<u>Name</u>	<u>Phone Number</u>	<u>Address</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

I understand "Authorized Pick-Up Person" is 18 years or older and may be asked to provide a photo ID to the staff.

\*This Authorization shall remain in force until or rescinded in writing by the Parent/Guardian.



**CHILD INFORMATION SHEET**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 EARLY CHILDHOOD  
 SFN 845 (11-2024)

Clear Fields

Every Early Childhood Program is required to have certain information on file. These requirements are set forth in the rules and regulations for Early Childhood Services as adopted by the North Dakota Department of Health and Human Services. All information requested herein is required and shall be kept confidential.

<b>Child's Name</b>	Date Child Enrolled	Preferred or Nickname of Child	Date of Birth
<b>Parent's Name</b>	Home Telephone Number	Cell Phone Number	Work Telephone Number
Home Address		Place of Employment	
<b>Parent's Name</b>	Home Telephone Number	Cell Phone Number	Work Telephone Number
Home Address		Place of Employment	

**EMERGENCY AUTHORIZATION**

In case of an emergency and parents cannot be reached, who should be contacted?

Name	Relationship to Child	Work Telephone Number	Home Telephone Number
Name	Relationship to Child	Work Telephone Number	Home Telephone Number
<b>Physician to Call in an Emergency</b>			Clinic Telephone Number
<b>Dentist to Call in an Emergency</b>			Clinic Telephone Number

I hereby authorize the Early Childhood Program to secure emergency medical treatment for my child under the following conditions:  
 1. An emergency or unanticipated condition necessitates immediate action for the preservation of the life or health of the child, and  
 2. Reasonable attempts to contact me have failed.

Parent Signature	Date	Parent Signature	Date
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**AUTHORIZATION TO RELEASE CHILD**

Unless otherwise authorized by you in writing, only the parent or legal guardian may pick up your child(ren) from the Early Childhood Program. List below any others you wish to authorize for this purpose.

Name	Relationship to Child	Telephone Number
Name	Relationship to Child	Telephone Number
Name	Relationship to Child	Telephone Number

These people are **NOT** allowed to pick up my child.

Name	Relationship to Child
Name	Relationship to Child

For Operator Use Only:

Per North Dakota Century Code section 12-60-26(7)(c), proof of identity means a certified copy of a birth certificate or any other documentary evidence the child care facility considers appropriate proof of identity.

The identification of this child has been verified. As proof of identification, the child's parent has produced:  
 Copy of Child's Birth Certificate     Child's Passport     Other (specify): \_\_\_\_\_

Signature of Operator



**PARENT'S STATEMENT ON HEALTH OF CHILD**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 EARLY CHILDHOOD  
 SFN 847 (11-2024)

Clear Fields

**INSTRUCTIONS:** This form must be completed annually for any child enrolled in a licensed early childhood facility.  
 This form is completed by a parent or guardian of the child.

Full Legal Name of Child		Birth Date	Enrollment Date	Check one <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Drop in <input type="checkbox"/> B/A School	
Full Legal Name(s) of Parent or Guardian			Relationship		
Address		City	State	ZIP Code	
Home Telephone Number	Work Telephone Number	Family Dentist			
Family Physician		Clinic	Telephone Number		
Hospital			Telephone Number		
Last Visit to Doctor		Child's Height	Child's Weight		
Does the child have any food, medication or environmental allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, List Allergies		Describe Allergy Reaction		Usual Treatment	
Check If Any Of The Following Conditions Exist <input type="checkbox"/> Asthma <input type="checkbox"/> Behavioral Issues <input type="checkbox"/> Diabetes <input type="checkbox"/> Frequent Earaches <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Heart Condition <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Other Conditions (specify): _____					
Explain All Checked Items					
Is the child under current medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:					
Are there any medications that the child takes daily? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:					
Describe any limitation your child may have for participation in an early childhood program.					
Is there a health care plan for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach.					
<b>INSURANCE:</b> Liability insurance <u>is not</u> a requirement for a license to provide family or group child care. Please review with your child care provider the liability coverage that is presently in place.					
<b>CERTIFICATION</b>					
I certify that the above information is true to the best of my knowledge.					
Signature				Date	

# **DAYCARE PHOTO RELEASE FORM**

I, \_\_\_\_\_, the parent of a child/children of, \_\_\_\_\_

Agree to the following Four Bears Discovery Center:

I understand that my child(ren) whose name(s) are listed below may be photographed at the center during daycare hours, field trips, or activities. I understand that these photographs may be used in social media, marketing, and center.

The child(ren) are known as:

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With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the FBDC. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child enrollment. I understand that there will be no payment for me or my child's participation in this release.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Director/Supervisor Signature:** \_\_\_\_\_

# **Four Bears Discovery Center Permission Slip**

I, \_\_\_\_\_ (print name) give Four Bears Discovery Center  
permission to take my child \_\_\_\_\_ (child's name) to the  
following places listed.

## **Four Bears Park Located in the Four Bears Village.**

- Yes – I give my child permission to go to the park.
- No – I do not give my child permission to go to the park

## **Splash Pad Located in The Four Bears Village.**

- Yes – I give my child permission to go to the park.
- No – I do not give my child permission to go to the park.

## **Johnny Bird Gym Located at The Johnny Bird Building in The Four Bears Village**

- Yes – I give my child permission to go to the Johnny Bird Gym
- No – I do not give my child permission to go to the Johnny Bird Gym.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Water Activity Permission Form

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

I, \_\_\_\_\_ give consent for \_\_\_\_\_

To participate in water activities while at \_\_\_\_\_

I understand that my child's care provider will:

- Maintain a safe staff to child ratio while participating in water activities.
- Closely monitor my child and will never leave them unattended while they are participating in the water activities listed below.

**My child may participate in:** *Please check that all apply. Permission is not required for water tables or sprinklers.*

Swimming in on-site pool

Describe pool type: (wading, underground 3-4 ft. above ground) \_\_\_\_\_

Community Pool/ Water Slide/ Lake/ Pond/ River

Location / Address: \_\_\_\_\_

**My child's swimming abilities:** *Please check all that apply*

A non-swimmer

Has successfully completed formal swimming lessons

Describe what level/skills your child has in swimming: \_\_\_\_\_

Has special needs with water abilities

Please Describe: \_\_\_\_\_

Parent(s) or Guardian(s) Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*Permission from effective for one year from date of signing.

# Parent Request for No Sunscreen

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

- My child is 6 months or older
- Do not apply sunscreen to my child

As the parent/guardian, I recognize that sunburns to my child pose a risk of skin damage and skin cancer. I understand that my child will be taken outside daily (weather permitting).

I will not hold \_\_\_\_\_ liable for any skin damage related to sunburns.  
(name of provider/facility)

**Expiration Date of Permission Form:** \_\_\_\_\_

**Parent/Guardian Name (printed):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Consent to Apply Insect Repellent to Child

**Child's Name:** \_\_\_\_\_

As the parent/guardian of the above child, I give my permission for \_\_\_\_\_  
(name of provider/facility)  
to apply insect repellent when he or she will be playing outside.

I have checked all applicable boxes regarding the type of insect repellent for my child:

- I do not know of any allergies my child has to insect repellent
- Staff may use the insect repellent of their choice following the recommendations printed on the bottle
- I have provided the following brand/type of insect repellent for use on my child:

\_\_\_\_\_

**Parent/Guardian Name (Printed):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Emergency Transportation Consent Agreement

I hereby give permission for \_\_\_\_\_ to transport my  
(name of provider/facility)  
child, \_\_\_\_\_, to an emergency relocation site for staff,  
(name of child)  
teachers and children when it is unsafe to remain at the child care facility. I understand that  
normal safety rules will be followed, as much as possible, but that the highest priority is to relocate  
to a safe location.

This agreement shall remain in effect until \_\_\_\_\_.  
(date)

The agreement may be terminated before this date by either party but only with written  
notification.

**Parent/Guardian Name (Printed):** \_\_\_\_\_

**Home Address**

\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternative Phone:** \_\_\_\_\_

**Special Considerations for Emergency Transportation:**

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Emergency Relocation Shelter Agreement

I hereby give permission for \_\_\_\_\_ child care program  
to use my  HOME  BUSINESS as an emergency relocation site for staff and children.

This agreement shall remain in effect until \_\_\_\_\_  
(date)

The agreement may be terminated before this date by either party but only with written  
notification.

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Home Address

\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternative Phone:** \_\_\_\_\_

## Proposed Site Address (if same as home do not fill out):

\_\_\_\_\_  
\_\_\_\_\_

**Site Phone:** \_\_\_\_\_

Is the site accessible at all times the child care program is open?  Yes  No

## Describe how to access:

\_\_\_\_\_  
\_\_\_\_\_

## Special Considerations (i.e., storage of emergency supplies, reimbursements, limitations, etc):

\_\_\_\_\_  
\_\_\_\_\_

**Signature of the owner of the house or business:** \_\_\_\_\_

**Date:** \_\_\_\_\_