



CHILD INFORMATION SHEET
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 EARLY CHILDHOOD DIVISION
 SFN 845 (5-2022)

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 Human Services. All information requested herein is required and shall be kept confidential.

Child's Name	Date Child Enrolled	Preferred or Nickname of Child	Date of Birth
Parent's Name	Home Telephone Number	Cell Phone Number	Work Telephone Number
Home Address		Place of Employment	
Parent's Name	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
Physician to Call in an Emergency			Clinic Telephone Number
Dentist to Call in an Emergency			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:	
<input type="checkbox"/> Copy of Child's Birth Certificate	<input type="checkbox"/> Child's Passport
<input type="checkbox"/> Other	_____
Signature of Operator	



PARENT'S STATEMENT ON HEALTH OF CHILD

ND DEPARTMENT OF HUMAN SERVICES/CFS

SFN 847 (Rev. 11-2008)

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:	Please check one: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Dropin <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:	
Please Check If Any Of The Following Conditions Exist:					
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Behavioral Issues		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Frequent Earaches	<input type="checkbox"/> Other Conditions (please specify): _____		
<input type="checkbox"/> Vision Impairment					
Please Explain All Checked Items:					
Is The Child Under Current Medical Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Are There Any Medications That The Child Takes Daily? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please 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, please attach					

INSURANCE:
Liability insurance is not 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.

CERTIFICATION:
I certify that the above information is true to the best of my knowledge.

Parent or Guardian's Signature:	Date
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Be Someone Policy

Being in TNT's programs is a privilege. Our Be Someone policy helps support a safe and successful experience for all children.

Be Someone Pillars

Be Active: Be present in all activities. Listen and follow directions. Watch to ensure you know what to do and how to do it. When participating in activities use body control.

Be Safe: Emotionally actions and words should not negatively affect feelings of self or others. Physically your actions do not harm or endanger others.

Be Respectful: Respect yourself, those around you, the facility, and the equipment

- Athletes:
 - Respect your body by fueling, resting, and maintaining it to be at its best for your and your work in the gym

Be Responsible: You are responsible for the choices you make.

- Athletes:
 - You are accountable for your efforts inside and outside of the gym. Take your assignments seriously and follow circuits properly and as intended. The rate of your progress and the level of your accomplishments are a direct result of the work you put in.

Disciplinary Procedure

- **Level 1:** Affect only the individual
- **Level 2:** Affect the individual and a select group of others
- **Level 3:** Affect the individual and their entire group
- **Level 4:** Threaten the safety of the individual, other athletes, or TNT staff.

Steps to promote success

When individuals are not showing the skills to fulfill the Be Someone Policy, TNT uses the following steps for levels 1-3 to maintain a positive learning environment:

- **Step 1:** Coach communicates with the individual and directs them to more appropriate behavior or provides a reset opportunity.
- **Step 2:** If the behavior persists, parent/ guardian is notified of the situation and asked to help with solutions and or strategies for success.

- **Step 3:** If the behavior continues to persist after solutions attempted, the coach contacts the parent / guardian a second time and asks for the child to be picked up for the remainder of the day.
 - *Individuals are not allowed to attend any other classes or programs they are involved in for the remainder of that day.*
- **Step 4:** If the child is unable to show the skills to remain in the program, TNT reserves the right to suspend* or dismiss the child from the program.
 - *Suspension helps TNT gather information to increase the child's success during a return to TNT. Prior to return, family and TNT agree on a solution. This includes defined behavioral standards and supports for success.*
- **All steps:** Coach fills out an incident report documenting what happened, what provoked the situation, and the steps taken for success.

Level 4 offenses result in immediate removal from TNT and require a parent / guardian conference to return. [see Step 4]

Examples of behaviors & their levels

Some behaviors could be multiple levels depending on their severity or if repeated offenses.

- Refusing to follow the Be Someone Policy or program rules | Level 1
- Emotional Dysregulation | Level 1 – 3
- Requiring frequent, repetitive cueing | Level 1 - 3
- Using profanity, vulgarity, or obscenity frequently | Level 2-3
- Argumentative or disruptive behaviors | Level 2 – 3
- Bullying | Level 2 - 4
- Fleeing / hiding from group or activities | Level 3
- Acting in a lewd manner | Level 3
- Stealing or damaging TNT or personal property | Level 4
- Physical violence | Level 4

TNT reserves the right to skip to step 4 depending on the severity of the behavior. If a child is sent home for the day from one program, they are not allowed to participate in any other program that day.

Guardian and Child Signature Required:

I have reviewed the Be Someone policy. I understand and agree to all of the terms presented in this policy.

Guardian Signature

Date

Child Signature

Date



School Age Childcare Handbook Agreement

Parent / Guardian Acknowledgment Agreement

I have received and reviewed, the 2023-2024 TNT School Age Childcare Handbook. I agree to support the mission of TNT Kid's Fitness & Gymnastics. I understand and agree to abide by all policies and procedures outlined in the handbook.

I understand I am responsible for all financial obligations associated with having an child in the TNT School Age Childcare Programs and will make all payments on time, as listed. I understand if I decide to withdraw my child(ren) from the program, I must complete the online "Drop Enrollment" form.

I have read and understood and agree to abide by the policies and procedures in the TNT School Age Childcare Handbook.

Child(ren) name(s): _____

Parent / Guardian Printed Name: _____

Parent / Guardian Signature: _____ Date: _____



Swimming & Water Activity

There is NOT a swimming pool or wading pool at our facilities however we do visit local swimming pools. Written permission is required to participate in water activities. Please fill out your child(ren)'s swimming abilities below.

Name of child: _____ Age: _____

I, _____ give consent for _____ to participate in water activities while participating in No Bummer Summer at TNT Kid's Fitness. I understand that my child's coaches will maintain a safe staff to child ratio while participating in water activities and closely monitor my child and will never leave them unattended while they are participating in the water activities below.

My child may participate in: *check all that apply*

- Swimming in wadding pool
- Community pool

My child's swimming abilities are as follows:

- A non-swimmer
- Successful completed formal swimming lessons

• Level completed: _____

- Special needs with water activities

• Describe needs: _____

I acknowledge and agree to the information provided regarding water activities and swimming abilities. By signing below I consent for my child to participate at their level while attending No Bummer Summer with TNT Kid's Fitness.

Parent / Guardian Signature: _____ Date: _____

eCheck/ACH/Debit or Credit Card
Recurring Payment Authorization Form

Date: _____ I, _____ (print name)
authorize TNT Kid's Fitness to charge my financial account listed below, on the 1st or next business day
of each month or as stated on the Parent Agreement & Consent form (NBS/SODC).

Bank Name: _____

Bank Account Type: Checking Savings Business Checking

Bank ABA Routing Number: _____

Bank Account Number: _____

-----OR-----

Debit or Credit Card (Circle one)

Account Number: _____

Expiration Date: _____ 3 or 4-digit card verification code: _____

Billing Name & Address as appears on statement:

Name: _____

Street Address: _____

City/State/Zip: _____

This payment authorization is valid & will remain in effect unless I, _____
notify TNT Kid's Fitness of its cancellation by sending notice by email janine@tntkidsfitness.org or fax
701-365-8870 or mail 2800 Main Avenue, Fargo ND 58103

Customer Name Printed: _____

Customer Signature: _____ Date: _____

Please fill out & submit (if completing online) or attach a voided check below (if applicable) & fax to 701-365-8870, mail, or drop off form in person. In order to maintain security compliance, TNT does not allow payment information to be submitted via email. For your additional security, any payment information submitted by paper is destroyed upon entering into our secure database. As always, your payment information entered via TNT's parent portal is security compliant.

