

**CLOSE TO MY HEART  
EARLY CHILDHOOD DEVELOPMENT CENTER  
1740 VAN DYKE ST N  
ST. PAUL, MN 55109  
651-307-1492**

**Infant Enrollment Form**

Please circle the days are your child will be attending:                    **M    T    W    TH    F**

**Registration Fee: \$80.00 \*\*Scholarships are available, a scholarship application must be completed\*\***

<b>Child's Name:</b> _____			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Nickname</b>
<b>Date of Birth:</b> _____	<b>Place of Birth:</b> _____	<b>Social Security#:</b> _____	
<b>Male</b> _____	<b>Female</b> _____		
<b>Home Address</b> _____		<b>City</b> _____	<b>State</b> _____
		<b>Zip Code</b> _____	
<b>Home Phone #</b> _____	<b>Cell Phone #</b> _____	<b>Email Address</b> _____	
<b>Ethnicity</b> ___ American Indian or Alaska Native    ___ Asian or Pacific Islander    ___ Hispanic ___ Black, not Hispanic Origin    ___ White, not Hispanic    ___ Other _____ (please specify)			
<b>Citizenship of student?</b>			
A. American Citizen		D. Immigrant	
B. Refugee		E. Student Visa _____	
C. Status Pending Enrollment		F. Visitor Visa	
<b>Language(s) Spoken at Home:</b> _____			
<b>School District in which you live in:</b> _____			
<b>Last School Attended:</b> _____		<b>Address:</b> _____	
<b>My child will be transported to and from school by:</b> _____			
<b>Parent 1 Name:</b> _____		<b>Parent 2 Name:</b> _____	
<b>Occupation:</b> _____		<b>Occupation:</b> _____	
<b>Employer:</b> _____		<b>Employer:</b> _____	
<b>Work Phone:</b> _____		<b>Work Phone:</b> _____	
<b>Email:</b> _____		<b>Email:</b> _____	
<b>Parents are:</b> ___ Same Residence    ___ Separated    ___ Divorced    ___ Widow/Widower    ___ Married    ___ Single			
<b>If parents are separated or divorced, who does the child live with:</b> _____			
<b>Parent/Guardian Name:</b> _____		<b>Phone Number:</b> _____	
(please print name)			
<b>Parent/Guardian Signature:</b> _____		<b>Date:</b> _____	

**A BIRTH CERTIFICATE IS REQUIRED FOR ALL STUDENTS ENROLLING**

# EARLY CHILDHOOD AND DEVELOPMENT CENTER

## General Information

\_\_\_\_ I am new to Close To My Heart. How did you hear about us?

\_\_\_\_ Other Close To My Heart Parents. Who? \_\_\_\_\_

\_\_\_\_ School Sign

\_\_\_\_ Person(s) referring you: \_\_\_\_\_

\_\_\_\_ Yellow Pages

\_\_\_\_ Other, please specify \_\_\_\_\_

Previous Daycare(s) child has attended: \_\_\_\_\_

Any problems at previous daycare(s): \_\_\_\_\_

EXPECTATIONS of Day Care home: \_\_\_\_\_

### Home Environment

#### **Names and Ages of brothers and sisters:**

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ School Attending \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ School Attending \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ School Attending \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ School Attending \_\_\_\_\_

#### **Name and Relationship of other Adults living in the home:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Describe educational experiences that your child has had:** \_\_\_\_\_

Does your child have playmates? \_\_\_\_\_ If so, what ages and genders? \_\_\_\_\_

#### **Circle the words that describe your child:**

Easily Angered Whiny Crying Happy Cheerful Stubborn Cooperative

Independent Active Fights often Gives in easily Temper Tantrums Quiet Wants own way

**Briefly describe your child's social behavior (cautious, aggressive, friendly, shy, etc.)**

**What makes your child frustrated or upset?** \_\_\_\_\_

**Describe any fears your child may have and how you have dealt with them:** \_\_\_\_\_

**Your child's favorite play activities:** \_\_\_\_\_

**Describe any special interests of your child:** \_\_\_\_\_

**Motor activity your child enjoys:** \_\_\_\_\_

**Activities that your child is cautious about:** \_\_\_\_\_

Child is: \_\_\_\_\_ Left Handed \_\_\_\_\_ Right Handed \_\_\_\_\_ Not Sure

Is your child adopted? \_\_\_\_\_ At what age? \_\_\_\_\_ Has your child been told? \_\_\_\_\_

Do you consider your child: \_\_\_\_\_ Under Achiever \_\_\_\_\_ Average \_\_\_\_\_ Over Active

Other Comments about your child's development: \_\_\_\_\_  
\_\_\_\_\_

Does either parent have any special talents or resources to offer our school or teachers? \_\_\_\_\_  
\_\_\_\_\_

**Special Needs**

Is your child on an IEP (Individual Educational Plan)? \_\_\_\_\_

If yes, through which school district? \_\_\_\_\_ Please send a copy of the IEO with this registration.

**Please describe any special developmental needs your child has that we should be aware of:**

Speech/Language: \_\_\_\_\_

Motor development: \_\_\_\_\_

Self-help skills: \_\_\_\_\_

Attention span: \_\_\_\_\_

Emotional needs: \_\_\_\_\_

Social development: \_\_\_\_\_

Behavioral problems: \_\_\_\_\_

**Toilet Training**

Bladder trained? \_\_\_\_\_

Bowel Trained? \_\_\_\_\_

Child's words for: Urinating: \_\_\_\_\_

Bowel Movement: \_\_\_\_\_

**Miscellaneous**

Does your child take a regular nap? \_\_\_\_\_ If so, what time? \_\_\_\_\_

Anything unusual about your child's sleeping habits? \_\_\_\_\_

Describe your child's appetite: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_ Food Dislikes: \_\_\_\_\_

Any unusual eating habits? \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

**Your Expectations**

What you most want out of your child's experience at Close To My Heart? \_\_\_\_\_  
\_\_\_\_\_

Areas of development you want to see emphasized: \_\_\_\_\_  
\_\_\_\_\_

Any other information about your child you consider important for us to know? \_\_\_\_\_  
\_\_\_\_\_

# INFANT SOCIAL RESUME

CHILD'S NAME: \_\_\_\_\_

## FAMILY

NAMES OF BROTHERS AND SISTERS

BIRTH DATE

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

NAMES OF OTHERS LIVING IN THE HOME

RELATIONSHIP TO CHILD

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

WHAT LANGUAGE IS SPOKEN IN YOUR HOME: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY PETS?  YES  NO IF YES, WHAT ARE THEY: \_\_\_\_\_

## FOOD

DESCRIBE YOUR CHILD'S APPETITE: \_\_\_\_\_  
\_\_\_\_\_

WHAT FOODS DOES YOUR CHILD LIKE? \_\_\_\_\_  
\_\_\_\_\_

WHAT FOODS DOES YOUR CHILD DISLIKE? \_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD FEED HIMSELF/HERSELF?  YES  NO

DOES YOUR CHILD HAVE ANY FOOD SENSITIVITIES OR ALLERGIES?  YES  NO  
IF YES, PLEASE IDENTIFY: \_\_\_\_\_  
\_\_\_\_\_

WHAT TIME DOES YOUR CHILD EAT: BREAKFAST \_\_\_\_\_ LUNCH \_\_\_\_\_ SUPPER \_\_\_\_\_

## SELF CARE

IS YOUR CHILD IN DIAPERS?  YES  NO COMMENT: \_\_\_\_\_

HAS TRAINING BEGUN?  YES  NO COMMENT: \_\_\_\_\_

IS YOUR CHILD TRAINED?  YES  NO COMMENT: \_\_\_\_\_

DOES CHILD NEED HELP?  YES  NO COMMENT: \_\_\_\_\_

DOES YOUR CHILD NEED ANY HELP WITH DRESSING?  YES  NO  
IF YES, PLEASE LIST: \_\_\_\_\_

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## SLEEP

DESCRIBE YOUR CHILD'S SLEEP ROUTINE (INCLUDE NAPS & LENGTHS OF NAPS) \_\_\_\_\_  
\_\_\_\_\_

## SOCIAL/EMOTIONAL DEVELOPMENT

DOES YOUR CHILD SEPARATE EASILY FROM YOU?  YES  NO

PLEASE COMMENT: \_\_\_\_\_

IS YOUR CHILD AFRAID OF ANYTHING?  YES  NO

PLEASE COMMENT: \_\_\_\_\_

DOES YOUR CHILD HAVE A FAVORITE TOY, BLANKET, OR SOOTHER?  YES  NO  
PLEASE COMMENT: \_\_\_\_\_

DOES YOUR CHILD SPEND TIME WITH OTHER CHILDREN?  YES  NO

PLEASE COMMENT:\_\_\_

WHEN YOUR CHILD IS UPSET, WHAT HELPS COMFORT HIM/HER?\_\_\_

HOW DOES YOUR CHILD SHOW FEELINGS?

AFFECTION:\_\_\_ FEAR:\_\_\_

FRUSTRATION:\_\_\_ ANGER:\_\_\_

EXCITEMENT:\_\_\_

WHAT ACTIVITIES DOES YOUR CHILD ENJOY?\_\_\_

WHAT ACTIVITIES DOES YOUR CHILD DISLIKE?\_\_\_

HOW DO YOU DISCIPLINE YOUR CHILD?\_\_\_

SPECIAL FAMILY SITUATIONS? (SUCH AS CUSTODY SPECIFICATIONS, PROBLEMS ARISING FROM SITUATIONS, ETC.)\_\_\_

ANY DISORDER/DEVELOPMENTAL (LOW/ADVANCED)DIAGNOSED OR SUSPECTED?\_\_\_

WHAT CHARACTERISTICS IN YOUR CHILD'S DEVELOPMENT WOULD YOU LIKE:

ENCOURAGED:\_\_\_

DISCOURAGED:\_\_\_

PLEASE PROVIDE ANY OTHER INFORMATION RELATING TO YOUR CHILD THAT WOULD BE HELPFUL IN UNDERSTANDING AND CARING FOR YOUR CHILD:\_\_\_

PARENT/GUARDIAN SIGNATURE

DATE

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## **CLOSE TO MY HEART EARLY CHILDHOOD AND DEVELOPMENT CENTER**

### **Consent for Non-Prescription Medications**

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

I hereby give Close To My Heart/The Salvation Army permission to apply any of the external preparations that are checked in accordance with the directions for use on the appropriate container:

\_\_\_\_\_ Soap

\_\_\_\_\_ Baby Wipes

\_\_\_\_\_ Baby Lotion

\_\_\_\_\_ Baby Powder

\_\_\_\_\_ Baby Oil

\_\_\_\_\_ Non-prescription ointments (Desitin, Vaseline, etc.)

\_\_\_\_\_ Teething Gel

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect Repellant

\_\_\_\_\_ Other, please specify: \_\_\_\_\_



Do you have any concerns about your child's development? Yes ( ) No ( ) If yes, please comment: \_\_\_\_\_

Please comment on any other medical information or special need the child care provider should be aware of:

**EMERGENCIES:** Does your child have a health problem that could result in an emergency?

If yes, describe: \_\_\_\_\_

**Are there any physical problems at this time?**

Respiratory \_\_\_\_\_ Orthopedics \_\_\_\_\_ Heart \_\_\_\_\_

Visual \_\_\_\_\_ Hearing \_\_\_\_\_ Allergies \_\_\_\_\_

Seizures \_\_\_\_\_ Other \_\_\_\_\_

**Does child have any known health problems?** Yes ( ) No ( ) If yes, attach documentation

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**Check ( X ) any of the following illnesses the child has had:**

- ( ) Asthma ( ) Earaches ( ) Mumps ( ) Whooping Cough ( ) Bronchitis ( ) Eczema  
( ) Pneumonia ( ) Polio ( ) Chicken Pox ( ) Frequent Colds ( ) Croup ( ) Convulsions  
( ) Measles ( ) Influenza ( ) Diphtheria ( ) Tonsillitis ( ) Rheumatic Fever  
( ) Other \_\_\_\_\_

**Has your child had any surgery?** Yes ( ) No ( ) If yes, please explain: \_\_\_\_\_

**MEDICATIONS:** List **ALL** medications that your child takes daily or when needed. A consent form is **REQUIRED** for **ALL** medication taken at school, including over the counter medications. **THE CONSENT MUST BE SIGNED BY BOTH HEALTH CARE PROVIDER AND PARENT.** A new consent is needed each school year. Forms are available in the health office.

Medication Name	Purpose	Dose	How often taken?

**HEALTH INSURANCE:**

\_\_\_\_\_ My child has health insurance:  
\_\_\_\_\_ Medical Assistance \_\_\_\_\_ Minnesota Care  
\_\_\_\_\_ Assured Care \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ My child has no health insurance

**HEALTH CARE PROVIDERS:**

Does your child have a doctor or clinic where they usually go for health care? Yes No

Name of doctor or clinic

Location and Phone

**Hospital preference:** \_\_\_\_\_

This health information may be shared with Close To My Heart staff as needed. If you do not want this health information shared, please contact 651-307-1492.

I authorize the child care provider/staff to obtain the following services for this child if necessary: Public Health Nurse, Physician and or Ambulance in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian)

Parent/Guardian signature \_\_\_\_\_ Phone \_\_\_\_\_

Print Parent/Guardian name \_\_\_\_\_ Date \_\_\_\_\_  
(print name) (month-day-year)

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**Photos and Fieldtrips Permission Form**

**Photographs**

**Permission for Photographs:**

I hereby irrevocably grant Close To My Heart the absolute right and permission to copyright and/or us photographs, and/or portraits of my family and myself or in which we may be included in whole or part, or composite, distorted in character or form, in conjunction with our name or a fictitious name or reproduction thereof, in a color or otherwise, made through media, for art, advertising or any other lawful purpose whatsoever. I also grant Close To My Heart the same right and permission to use any statements or testimonials made by my family or myself.

**Walking and Riding Fieldtrips**

**Permission for Walking Fieldtrips:**

I give permission for my child/ren \_\_\_\_\_ to participate in walking trips outside the center and within the Close To My Heart Community.



**Permission for Riding Fieldtrips:**

I give permission for my child/ren \_\_\_\_\_ to participate in fieldtrips at Close To My Heart. When going on a fieldtrip we will be using a school bus. There will be separate permission forms for each field trip that will give you information on the fieldtrip.

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

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**Health Care Summary**

\*\*\*MUST BE COMPLETED BY HEALTH CARE SOURCE\*\*\*

Date of Enrollment: \_\_\_\_\_

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

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 (including allergies to medications)? \_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that might result in an emergency? \_\_\_\_\_

What is the status of the child's....

Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Please list below any important health problems.

<u>Important Health Problems</u>	<u>Followed by You</u>	<u>Followed by Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>
_____			
_____			
_____			

Other information helpful to the child care program \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Health Source \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## **CLOSE TO MY HEART EARLY CHILDHOOD AND DEVELOPMENT CENTER**

### **SUNSCREEN AND INSECT REPELLENT PERMISSION SLIP**

#### **SUNSCREEN PERMISSION**

I    GIVE PERMISSION FOR CLOSE TO MY HEART STAFF TO APPLY SUNSCREEN ON EXPOSED AREA'S WHEN HE/SHE IS GOING OUTSIDE OR ON A FIELDTRIP. WE WILL PROVIDE A SUNSCREEN WITH A SUN PROTECTION FACTOR (SPF) OF 45 OR MORE (WITHOUT PABA IS RECOMMENDED) PABA GIVES SOME CHILDREN BLOTCHY RASHES.

#### **INSECT REPELLENT PERMISSION**

I    GIVE PERMISSION FOR CLOSE TO MY HEART STAFF TO APPLY INSECT REPELLENT ON EXPOSED AREA'S WHEN HE/SHE IS GOING OUTSIDE OR ON A FIELD TRIP. WE WILL PROVIDE AN INSECT REPELLENT SPRAY; CONTAINING THE ACTIVE INGREDIENT DEET (THE ACTIVE INGREDIENT PIRARIDIN IS NOT RECOMMENDED) PIRARIDIN IS HARMFUL IF SWALLOWED AND CAN CAUSE SKIN IRRITATION FOR SOME CHILDREN.

I WILL MARK MY CHILD'S NAME ON HIS/HER INSECT REPELLANT SPRAY PLATIC CONTAINER WITH A PERMANENT MARKER.

\_\_\_\_\_ I do not want my child to have sunscreen applied.

\_\_\_\_\_ I do not want my child to have insect repellent applied.

\_\_\_\_\_ I will provide sunscreen with my child's name on his/her sunscreen in a PLASTIC container with a permanent marker.

\_\_\_\_\_ I will provide insect repellent with with my child's name on his/her sunscreen in a PLASTIC container with a permanent marker.

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

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**Parent/Provider Contract**

Child(ren) \_\_\_\_\_

- ❖ I have read the Close To My Heart Early Childhood Center Handbook and agree to comply with all policies and procedures.
- ❖ I have read the Close To My Heart Early Childhood Center Handbook and agree to comply with all policies and procedures except as noted below and discussed with provider:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My typical hours are: Monday \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Tuesday \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Wednesday \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Thursday \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Friday \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Therefore my fee is \$\_\_\_\_\_ day/week/month (circle one) and is due at the drop off on my last day of attendance each week. I understand that a \$5.00 late fee will be added for each day my payment is late.

Release Agreement: Please initial each item below

\_\_\_\_\_ I am enrolling for \_\_\_\_\_ days per day/week/month at the cost of \$\_\_\_\_\_ per day/week/month (circle one) (circle one)

\_\_\_\_\_ I am aware to pay in advance each week's tuition.

\_\_\_\_\_ I am aware that I will be charged a late fee for payments received after Monday of current week.

- I am aware that I will be charged for unauthorized late pickups and early arrivals.
- I authorize Close To My Heart Staff to initiate emergency care if need arises (ie, First Aid, CPR)
- I authorize Close To My Heart Staff to apply Sun Screen (which I provide) to my child as needed.
- I authorize Close To My Heart Staff to apply Insect Repellent (which I provide) to my child as needed.
- I authorize Close To My Heart Staff to take my child on walks within a four block radius of the center when weather permits. Also, upon notification and my signature of permission, Close To My Heart is authorized to take my child on planned field trips by Bus or on foot (with parental consent).

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

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