

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

Preschool Enrollment Form

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

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

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

A BIRTH CERTIFICATE IS REQUIRED FOR ALL STUDENTS ENROLLING

CLOSE TO MY HEART

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? _____

TODDLER/PRESCHOOL 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: _____

Child's Physician Signature: _____ Date: _____

Child's Parent/Guardian Signature: _____ Date: _____

Date	Medicine Administered	Amount Given	Time Given	Initials

CLOSE TO MY HEART EARLY CHILDHOOD AND DEVELOPMENT CENTER

Health and Wellness Form

**This information must be filled out for all children.

Child's Name _____
First
Middle
Last

Birth Date _____ Gender Male _____ Female _____

HEALTH CONCERNS: Please check if your child has any of the following.

- ___ NO HEALTH CONCERNS
- ___ A.D.H.D./A.D.D.
- ___ Allergies (to what?) _____
- ___ Asthma or other breathing problems
 Has you child ever been diagnosed by a **doctor** as having asthma? Yes No
- ___ Bladder problems/Bowel problems (describe) _____
- ___ Heart Problems (describe) _____
- ___ Seizures
- ___ Social/emotional/mental health (describe) _____

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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**Field Trip Permission Form
For Activities with the Adult Day Center**

The Minnesota Department of Licensing requires that all children have a blanket permission form when mixing age groups for an activity. The permission for gives Close To My Heart Preschool children permission to participate in activities with the Salvation Army's Adult Day Center (ADC), which is located within our facility.

Please fill out the following information

In consideration of the opportunity for my child to participate and fully recognize that such an undertaking involves such an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless Close To My Heart Preschool, employees, chaperones, leaders, and persons transporting my child to and from these activities. Neither Close To My Heart nor said persons shall be financially responsible for any injury, illness or death incurred as a direct result of this activity. I the undersigning have read this release and understand all its terms and excuse it voluntarily and with full knowledge of its significance.

I/We request that Close To My Heart Preschool allow:

_____ to participate in activities
(Child's Name)

With the Adult Day Center and its clients.

Parents Signature: _____ Date: _____

*All emergency card information will be taken with us in the fieldtrip. If there is any new information since the beginning of the year, please fill out a new emergency card prior to this fieldtrip.

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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 _____

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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.

Non-arranged Overtime: Early drop-off or Late pick-up is \$10 per 15 minutes per child.

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 _____