



Harmony Kids Learning Center Enrollment for Child Care Packet

Each blank is a required piece of information as determined by Harmony Kids Learning Center's state licensor. Students will not be permitted into care without completing this packet.

Child's full name: _____ D.O.B: _____

Due Date: _____ Start Date: _____ End Date: _____

Mother's full name: _____ Cell #: _____

Mother's Address: _____

Email Address: _____

Father's full name: _____ Cell #: _____

Father's Address: _____

Email Address: _____

Child's Address: _____

Mother's place of employment: _____ #: _____

Address: _____

Father's place of employment: _____ #: _____

Address: _____

Please provide a list of responsible adults Harmony Kids may call if parents cannot be reached. These adults may drop off and/or pick up your child. We ask that those listed also provide a photo ID until the staff becomes familiar with them. An "Authorization to Pick Up" sheet must be completed to allow anyone other than those listed below to pick up your child. (Must also bring a photo ID.). A minimum of 2 MUST be listed below. Thank you for helping us ensure your child's safety.

1. _____ relation: _____ #: _____

2. _____ relation: _____ #: _____

3. _____ relation: _____ #: _____

My child will be attending care:

Monday		To	
Tuesday		To	
Wednesday		To	
Thursday		To	
Friday		To	

INFANT & TRANSITION ROOM

	Contracted Hours/Week	Hourly Rate	Minimum Weekly Charge	Flexible Leave Days Per Year
PLAN 1	15	\$3.25	\$48.75	0
PLAN 2	30	\$3.00	\$90.00	4
PLAN 3	40	\$3.00	\$120.00	5

TODDLER & PRESCHOOL

	Contracted Hours/Week	Hourly Rate	Minimum Weekly Charge	Flexible Leave Days Per Year
PLAN 1	15	\$3.00	\$45.00	0
PLAN 2	30	\$2.80	\$84.00	4
PLAN 3	40	\$2.80	\$112.00	5

SCHOOL AGE

\$2.50 per hour

\$3.00 per hour drop-in rate

**Families of 2 or more receive a 10% discount off the hourly rate for additional children.

****In the event your child must be absent for an extended period of time, you can request to revise your contract, otherwise your weekly minimum will be billed. 3 weeks' notice is required before a revised contract can begin. Please review Harmony Kids Learning Center's tuition policy for additional tuition/contract regulations.**

I understand that my account with Harmony Kids Learning Center is subject to charges outlined in the tuition policy based on the information I submitted above. If I wish to alter this schedule in any way a documented 3 weeks' notice is required.

Getting to know YOU & YOUR CHILD: Check here if you are expecting: _____

Child's Name: _____ Mom: _____ Dad: _____

Siblings: _____

What do you find most important about your child's environment while in our care?

What is important to you in regards to our staff?

Napping Habits: _____

Eating Habits: _____

Child's Temperament: _____

Educational Concerns: _____

Is your child potty-trained? Yes/No

--If so, what methods work for your child? If not, please let us know when you start so we can support your child at the center.

Does your child have any communication habits that we should know about?

Please share your effective methods for comforting your child that could be useful for us to know:

What your family's home language? _____

Does your child have an IEP (Individual Education Plan)? _____

Does your child have an IFAP (Individual Family Service Plan)? _____

Does your family use CCAP for tuition support? _____

Child's Health History:

Does your child have any known health concerns? _____

Does your child have any known allergies? _____

Does your child take any medications? _____

Any other comments/concerns/ideas: _____

Consent For Emergency Treatment

I hereby give permission for my child, _____, to receive emergency treatment (first aid and CPR) by any of the qualified staff members at Harmony Kids Learning Center.

I also give permission for the center staff to act in the case of an emergency, or when a parent cannot be reached or is delayed. I give permission for my child to be transported by ambulance, aid care or staff vehicle to an emergency center for treatment. In an event that I cannot be contacted, I further consent to the medical, surgical and hospital care treatment and procedure to be performed for my child by a licensed physician or hospital when deemed immediately necessary to safeguard my child's health. In case of an emergency, I agree to pay all costs of transportation and all medical costs.

Child's physician: _____ Physician's phone #: _____

Physician's address: _____ Hospital: _____

Medical Insurance: _____ Medical #: _____

Dentist Name: _____ Dentist phone #: _____

Signatures: Mother: _____ Date: _____

Father: _____ Date: _____

**This form is given to teachers to place in their First Aid which is taken with them on walks, field trips or in the event of an emergency. This ensures we always have contact information. Please make sure you update your teacher if you change this information. Please complete all blanks completely. Thank you.

Child full name: _____ D.O.B: _____

Mother's full name: _____ Cell #: _____

Father's full name: _____ Cell #: _____

Child's Address: _____ Email: _____

Mother's place of employment: _____ #: _____

Father's place of employment: _____ #: _____

Signatures & Permission

I, _____ have read and understand ALL of Harmony Kids Learning Center's policies. I understand that if I do not have copies of said policies, that it is my responsibility to ask the director for copies.

The policies that I have read and understand are as follows:

☐ Tuition policy

☐ Illness policy

☐ Health and Safety policies and procedures

☐ Behavior Guidance policy

☐ Infant policy (if applicable)

☐ Physical Activity Policy

☐ Meals and Snacks policy

☐ Naps and Rest policy

☐ Mandated Reporter policy

☐ Privacy Policy

☐ Child Care Program Plan

☐ Open Door policy

☐ Grievance Procedure

☐ Electronic Communication Policy

By signing this form I state that I understand that Harmony Kids' Policies and Procedures are reevaluated yearly in April and are subject to change. I understand that Harmony Kids will inform me of policy changes by posting them on the "Communication Board" for 2 weeks.

By signing this form I state that I understand pictures of my child may be taken for use within Harmony Kids & using our electronic communication tool.

By signing this form, I give Harmony Kids staff permission to assist my child in his/her diapering and toileting needs.

By signing this form, I give Harmony Kids staff permission to administer sunscreen, diaper ointment, bug repellent, chap stick, lotions, etc. that I have provided them for use.

By signing this form, I give Harmony Kids' director permission to enter immunization records of my child into the Minnesota Immunization Information Connection database in the event my child's immunization records have not already documented.

Mom: _____ Date: _____

Dad: _____ Date: _____

Director: _____ Date: _____

First Day at Harmony Kids Learning Center:

Below is a list of forms and materials your child will need for his/her first day at Harmony Kids Learning Center! There will be no exceptions to providing these documents as many of these are state licensing requirements.

- Infant Enrollment packet (if applicable)
- Food Program Packet
- Emergency Card Information

Materials parents must provide for first day of care and every day thereafter

- Diapers
- Wipes in a plastic container
- 3 Bottles (6 weeks-1 year)
- Sippy Cup (10-20 months- if desired)
- One pacifier (if desired)
- Swaddle (if desired)
- Formula or pre-portioned breastmilk bottles (with one extra feeding)
- Change of clothes (2 for infants & 1 for toddlers & preschool ages)
- Blanket and pillow (12 months and older)

You must ask your doctor to provide these 2 forms

- Immunization records
- Health care summary
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Office Use Only:

____ Enrollment Form	____ Infant Enrollment	____ Food Program	____ Immunization
____ Health Care Sum	____ Enrollment List	____ Rotation Chart	____ Phone # List

To Do:

____ Collect Dep/CCAP	____ Mem Trans on QB	____ QB Contact Info	____ Welcome Letter
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___ Comm. Resources

___ Verify Immunization

___ Verify Ph #

___ Verify MIIC

Add to:

___ Schedule

___ Daily Connect

___ Assessment

___ Email List