



**Please Choose A Class:**

3/4 Preschool, T/TH, 8:30-11:30am \$75 per month     4/5 Preschool, MWF, 8:30-11:30am \$100 per month     4/5 Preschool, M-F, 8:30-11:30am \$125 per month

**\*\$35 registration fee for all families**

**\*All 4/5 preschool students who are enrolled in a weekly billing plan will only pay \$35/month for the Preschool Program. This will be added to your first bill of each month.**

Child's full name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_ #: \_\_\_\_\_

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

2. \_\_\_\_\_ relation: \_\_\_\_\_ #: \_\_\_\_\_

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

3. \_\_\_\_\_ relation: \_\_\_\_\_ #: \_\_\_\_\_

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

Getting to know YOU & YOUR CHILD:

Child's Name: \_\_\_\_\_ Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Siblings: \_\_\_\_\_

**\*\*Tell us about some of your child's favorite activities:**

\_\_\_\_\_

**\*\*Tell us what you would like your child to learn this school year:**

\_\_\_\_\_

**\*\*Educational Concerns:**

\_\_\_\_\_

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

\_\_\_\_\_

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.

# 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 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 #: \_\_\_\_\_

Dentist Address: \_\_\_\_\_

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 with the child. 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 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/or 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's 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: \_\_\_\_\_