



720 Main Ave N, Harmony MN, 55939  
www.harmonykidslearningcenter.com  
Phone: 507.886.4552 Fax: 507.886.6706

**Thank you for your interest in Harmony Kids Learning Center! Enclosed is our enrollment packet and the forms which we will need completed to begin the enrollment process for your child. Please include a \$40.00 non-refundable enrollment fee and one (1) weeks' worth of tuition to guarantee your child's spot.**

Please return the following completed forms:

1. **Child Profile Page**
2. **Hours of Attendance/Plans**
3. **Getting to Know Your Child** – This helps our teachers better understand your child
4. **Consent for Emergency Treatment**
5. **Topical Over-the-Counter Medication Administration**
6. **Prescribed Diet**
7. **Photography Release**
8. **Medication Administration & Release**
9. **Health Care Summary** – this **must** be filled out and signed by your health care source before your child can attend.
10. **Child Care Immunization Record** – if your child is at least 15 months old and has completed a primary series of DTaP, Polio, and MMR, please complete and sign the form. If your child is under 15 months, this form must be signed by your health care provider. This form **must** be filled out **before** your child can attend.
11. **Read Parent Handbook & Sign Receipt of Handbook** – turn in signature form with enrollment packet.
12. **Food Program Application & Child Enrollment Form**

**In accordance with Federal Law, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.**

\*\*Please read the Parent Handbook for policies and procedures.

\*\*Please contact the center if you have any questions. Thank You!





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**Each blank is a required piece of information as determined by Harmony Kids Learning Center's state licenser. 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: \_\_\_\_\_

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: \_\_\_\_\_  pickup person  emergency contact

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

Address: \_\_\_\_\_  pickup person  emergency contact

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

Address: \_\_\_\_\_  pickup person  emergency contact

4. \_\_\_\_\_ relation: \_\_\_\_\_ #: \_\_\_\_\_

Address: \_\_\_\_\_  pickup person  emergency contact





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Childs Name: \_\_\_\_\_

## Hours of Attendance/Plans

**Please circle your age, plan & rate options:**

**Age Group:** Infant/Transition                      Toddler                      Preschool                      School Age  
**Plan:** Plan 1                      Plan 2                      Plan 3                      Drop-In  
**Rate:** Regular                      Employee

<b>Monday</b>		<b>To</b>	
<b>Tuesday</b>		<b>To</b>	
<b>Wednesday</b>		<b>To</b>	
<b>Thursday</b>		<b>To</b>	
<b>Friday</b>		<b>To</b>	

**Harmony Enterprises & Harmony Kids Employees:**

Employees receive a discounted rate for tuition plans. The rates may vary by age (see attached rates & plans for details).

**Families on a discounted employee rate are not eligible for the Flexible Leave Hours.**

Employees pay a discounted Drop-in rate of \$4.00/hour for all ages.

**\*\*Plan 1 is not available for Infant/Transition age group.**

\*\* Flexible Leave Hours are accrued throughout the year. If you change plans your hours will change accordingly. Leave Hours can be used to credit your account for days you may have missed. You must let us know what hours you would like to use for that week by 6:00pm Thursday to have your flex hours applied to that billing cycle.

**\*\* School Age children are not eligible for Flexible Leave Hours.**

\*\* Our Billing Cycle is from Monday-Friday. Statements are delivered Monday morning. Payment is due Wednesday by 6pm. If not paid a \$25.00 late fee will be applied to your account on Thursday.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*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 wrote above. If I wish to alter this schedule in any way a documented 3 weeks' notice is required.



## Harmony Kids Tuition Rates and Plans

### Infant & Transition Plans

Plan	#Hours	Regular Rate	Regular Minimum	Employee Rate	Employee Minimum
Plan 2	30 hrs.	\$3.65	\$109.50	\$3.25	\$97.50
Plan 3	40 hrs.	\$3.65	\$146.00	\$3.25	\$116.00

### Toddler Plans

Plan	# Hours	Regular Rate	Regular Minimum	Employee Rate	Employee Minimum
Plan 1	15 hrs.	\$3.65	\$54.75	\$3.00	\$45.00
Plan 2	30 hrs.	\$3.45	\$103.50	\$3.00	\$90.00
Plan 3	40 hrs.	\$3.45	\$138.00	\$3.00	\$120.00

### Preschool Plans

Plan	# Hours	Regular Rate	Regular Minimum	Employee Rate	Employee Minimum
Plan 1	15 hrs.	\$3.65	\$54.75	\$2.80	\$42.00
Plan 2	30 hrs.	\$3.40	\$102.00	\$2.75	\$82.50
Plan 3	40 hrs.	\$3.40	\$136.00	\$2.75	\$110.00

### School Age Summer Plans

Plan	# Hours	Regular Rate	Regular Minimum	Employee Rate	Employee Minimum
Plan 2	30 hrs.	\$3.50	\$105.00	\$3.25	\$48.75
Plan 3	40 hrs.	\$3.50	\$140.00	\$3.25	\$97.50

### Drop- In Rates

Regular- \$4.25

Employee- \$4.00





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## Getting to Know You & Your Child

**Expecting** (don't complete this form)

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

Circle preferred method of communication: Phone Text Email Brightwheel

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 Routine: \_\_\_\_\_

Prescribed Diet & Eating Routine: \_\_\_\_\_

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?

\_\_\_\_\_

Do you have any effective methods for comforting your child that could be useful for us to know? If so, what are they?

\_\_\_\_\_

\_\_\_\_\_





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What is your family's primary home language? \_\_\_\_\_

Tell us your favorite qualities of your child: \_\_\_\_\_

Tell us about your child/family's interests: \_\_\_\_\_

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

Does your child have an IFSP (Individual Family Service Plan)? \_\_\_\_\_

Does your family use a Child Care Assistance Program (CCAP) for tuition support? \_\_\_\_\_  
--If yes – please make sure to read the Child Care Assistance Program Policies.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**How did you hear about us?**

Currently enrolled family

Employee

Facebook/Social Media

Website/Google Search

Other: \_\_\_\_\_





## 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 full name \_\_\_\_\_ D.O.B \_\_\_\_\_

Mother's full name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's full name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Child's Address \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Phone \_\_\_\_\_

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Child's physician \_\_\_\_\_ Physician's phone \_\_\_\_\_

Physician's address \_\_\_\_\_ Hospital \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Medical # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Dentist phone \_\_\_\_\_

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

**Mother Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Father Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*The information on this form is given to teachers to place in their First Aid Kit 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.





# Topical Over-the-Counter Medication Administration

I hereby give Harmony Kids Learning Center permission to administer topical, non-prescription medications that I have sent with my child. **All medications (prescription or over-the-counter) must be in original packaging and clearly labeled with your child's first and last name.**

I give permission for the following topical medications to be applied:

- Sunscreen
- Bug Spray/Repellant
- Diaper Rash Cream
- Hand Lotion
- Lip Balm/Chapstick
- Other \_\_\_\_\_
- Hand Sanitizer
- Shaving Cream (for sensory experiments)
- Anti-Itch Cream

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

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

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## Prescribed Diet

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

Does your child have prescribed diet?       Yes       No

If yes, please provide the detail of your child's prescribed diet: \_\_\_\_\_

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

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







## Photography Release

Harmony Kids Learning Center uses a website, social media, and a parent communication app to make our daily activities more interesting. This use of social media, our web page and our communication app may require photos of children. Names will not be included with any photos.

- I hereby give Harmony Kids Learning Center permission to take my child's photo for learning, communication, social media, or web page purposes.
- I **do not** give Harmony Kids learning Center permission to take my child's photo for learning, communication, social media, or web page purposes.

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

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

When photos are sent home via Brightwheel, you are allowed to share those photos on your personal social media accounts. However if there are other children in the photos that are not your own, their identities **MUST** be obscured using either blurring or emoji's to cover their faces to respect the safety and security of all of our families! Thank you!

