



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.

Toddler – School Age: Please include a \$40.00 non-refundable enrollment fee and one (1) weeks' worth of tuition to guarantee your child's spot. The (1) week's tuition is refundable after your child's 1st week of care. (If you should cancel before enrolling, that week will not be refunded.)

Expecting families: Must Place a (2) week Deposit to hold an infant's spot along with a \$40 enrollment fee and give a starting month upon holding the spot. An exact start date is required by the weeks of the infant's due date. Infants' spots will be reserved for a maximum of 60 days after their projected start date. (1) week of tuition will be refunded after the first week of your infants care. (If you should cancel before enrolling, no refund will be given)

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 & Diaper Wipes Permission Slip**
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.



Revised 8/2023



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**Please read the Parent Handbook for policies and procedures.
 **Please contact the center if you have any questions. Thank You!

Child Profile Page

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 Full Address: _____

Email Address: _____

Father's full name: _____ Cell #: _____

Father's Full Address: _____

Email Address: _____

Child's Full 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: _____ #: _____

Full Address: _____ pickup person emergency contact

2. _____ relation: _____ #: _____

Full Address: _____ pickup person emergency contact

3. _____ relation: _____ #: _____

Full 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 Toddler Preschool School Age

Plan: 40 Hours Drop-In

School Age Plans: Summer Care(40 hours) Before and After(10hrs.) Before or after (5 hrs.)

Rate: Regular Employee

Monday		To	
Tuesday		To	
Wednesday		To	
Thursday		To	
Friday		To	

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 \$4.25/hour for all ages.

Regularly Enrolled Drop-in rate is \$4.50/hour.

** Flexible Leave Hours can be used for 1 consecutive week of absence during the year. Leave Hours can be used to credit your account for those days missed. You must let us know when you want to use the week as your one free week for the year to have your flex hours applied to the correct 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

Infant Rates

Plan	Regular Rate	Regular Minimum	Employee Rate	Employee Minimum
40 hrs.	\$4.05	\$162.00	\$3.85	\$154.00

Toddler Rates

Plan	Regular Rate	Regular Minimum	Employee Rate	Employee Minimum
40 hrs.	\$3.90	\$156.00	\$3.60	\$144.00

Preschool Rates

Plan	Regular Rate	Regular Minimum	Employee Rate	Employee Minimum
40 hrs.	\$3.80	\$152.00	\$3.20	\$128.00

School Age Rates

Plan	Regular Rate	Regular Minimum	Employee Rate	Employee Minimum
40 hrs. (Summer)	\$3.75	\$150.00	\$3.75	\$150.00
10 hrs. (School Year Before and After)	\$3.75	\$37.50	\$3.75	\$37.50
5 hrs. (School Year Before or After)	\$3.75	\$18.75	\$3.75	\$18.75

Regularly Enrolled Drop-In Rates

Regular- \$4.50 Employee- \$4.25

Unenrolled Random Drop-In Rates

\$6.50

(Due to enrollment processing, documentation, child adjustments, ETC).

A minimum of 8 hours will be billed for all drop ins. Random drop in payment is **DUE at pickup.*

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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 ProCare

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 _____

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:

- | | |
|--|--|
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Hand Sanitizer |
| <input type="checkbox"/> Bug Spray/Repellant | <input type="checkbox"/> Shaving Cream (for sensory experiments) |
| <input type="checkbox"/> Diaper Rash Cream | <input type="checkbox"/> Anti-Itch Cream |
| <input type="checkbox"/> Hand Lotion | |
| <input type="checkbox"/> Lip Balm/Chapstick | |
| <input type="checkbox"/> Other _____ | |

Child's Name _____

Parent/Guardian Signature _____ Date _____

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 ProCare, 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!

Diaper Wipe Permission Slip

I hereby give Harmony Kids Learning Center permission to use center provided wipes on my child.

I understand I will still be providing diaper wipes for my child for toileting needs.

I understand that center wipes may be use on my child to clean their body from paint, food, debris etc.

I also understand that they may be used for art sensory projects.

*Center provided wipes are Member Marks fragrance free wipes unless they are out of stock the center will use different brand wipes that are fragrance free.

Child's name _____

Parent/Guardian Signature _____ Date _____



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 the 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>
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Other information helpful to the child care program _____

Phone _____

Signature of Health Source _____ Address _____

Date _____

MS-2083



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Parent Statement of Understanding and Handbook Receipt

The guidelines outlined in this parent handbook are important for the safety and protection of your child. Please read the information, sign this form, and return it to the Director at Harmony Kids Learning Center with any other completed forms before or on the first day of school.

I understand my weekly tuition fee is due each Wednesday via the parent communication app or the front desk.

I understand that I am responsible for giving a 30-day written notice along with payment in full if I should decide to terminate my child's enrollment at the center, whether or not my child attends in that 30 day period.

I agree to arrive no earlier than 6:00 AM and arrive no later than 6:00 PM. I understand that I will be charged \$1 for every minute I am late, with a minimum charge of \$5.

I understand that my child will not be permitted to leave the center without an authorized person. I will complete the authorized pick up form and enrollment packet, which contain information about who is authorized to pick my child up, as well as update the center when I need to update any information regarding authorized pick up. I understand that if I authorize someone to pick my child up that is unfamiliar to center staff, the staff may request to see a photo ID of that person. I will inform any such person of this policy.

I understand the illness policy and agree to keep my child home from HKLC when he/she is too ill to attend. If I have any further questions, I understand I may contact the Director at any time.

I have read and understand the information contained in this parent handbook and I agree to abide by the guidelines, policies, and procedures outlined in the parent handbook.

Child's Name

Date

2nd Child's Name (if applicable)

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent/Guardian Printed Name

Parent/Guardian Signature



WHAT TO BRING:

Things that will be kept at school that will be used by only your child. **All items must be labeled with first and last name.**

INFANTS:

- Diapers
- Wipes
- Diaper cream
- Three changes of clothes
- Sunscreen (no aerosols) - once over 6 months
- 2 Bottles & sippy cup (No Glass Allowed)
- Pacifier
- Formula
- Breast Milk -fresh or frozen (first and last name on bags/bottles)
- Weather related articles of clothing (jackets, hats, gloves, ETC).
- Blanket (once over 12 months) - Bring on Mondays & will be sent home to be washed on Friday.
- Under 12 months an age appropriate sleep sac or swaddle can be used (please provide your own)– (Can not be weighted / Approved by DHS)
- Any medication (acetaminophen, ibuprofen, ETC). – Fill out medication administer form

Toddlers:

- Diapers
- Wipes
- Diaper Cream
- Three changes of clothes
- Sunscreen (no aerosols)
- Sippy Cup
- Blanket - Bring on Mondays & will be sent home to be washed on Friday.
- Weather related articles of clothing (jackets, hats, gloves, ETC).
- Any medication (acetaminophen, ibuprofen, ETC). – Fill out medication administer form

Preschoolers:

- One extra set of clothes
- Sunscreen (no aerosols)
- Blanket – Bring on Mondays & will be sent home to be washed on Friday.
- Weather related articles of clothing (jackets, hats, gloves, ETC).
- Any medication (acetaminophen, ibuprofen, ETC). – Fill out medication administer form





Authorization Agreement for Direct Payments

Child's Name: _____

I hereby authorize Harmony Kids Learning Center to initiate debit entries to my deposit account indicated below and the depository financial institution named below. I acknowledge that the organization of ACH transactions to my account must comply with the provisions of the U.S. law.

(Financial Institutions Name)

(City/State/Zip)

(Routing Number)

(Account Number)

Account Type:

Checking Account Saving Account

I agree to allow Harmony Kids Learning Center to originate payments WEEKLY. Harmony Kids Learning Center will send information to the bank on Wednesday morning and the tuition amounts will be withdrawn later that day. If Wednesday is a federal holiday, the payment will always settle on the business day after the holiday.

This authorization is to remain in full force and effect until Harmony Kids Learning Center has received written notification from me of its termination at least 6 days prior to settlement date.

Please note, if there is not enough money in your account to withdraw your payment, you will be charged a \$15 bank fee.

Print Name: _____

Date: _____ Signature: _____



Child's Name _____

I, _____ give permission for Harmony Kids Learning Center to administer the following medication to my child. I understand that when medication is given according to instructions, I will not hold the provider liable for any reactions or complications that may follow as a result of my child receiving this medication.

Signature of Parent/Guardian _____ Date _____

Must be filled out completely:

Name of Medication _____

Reason for Needing Medication _____

Date to Start Medication _____ Date to Finish Medication _____

Route (oral, ears, eyes, etc.) _____

Time to be administered _____

Dosage _____

*Please make sure dosage and unit of measure is accurate and consistent with packaging/syringe

My child has had this medication before: Yes No

My child has had a reaction to this medication: Yes No

If yes, please give details of the reaction:

ALL MEDICATION MUST COME IN ORIGINAL CONTAINER IN ORDER TO BE ADMINISTERED

Office Use Only

Medication is in original packaging: Yes No Expiration Date _____

Date	Dose Administered	Time Administered	Teacher Signature	Comments

Teacher Key:



Date	Dose Administered	Time Administered	Teacher Signature	Comments

