

**COMMUNITY SERVICES DIVISION**

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Northfield, MN 55057  
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[www.nfld.k12.mn.us](http://www.nfld.k12.mn.us)

**EarlyVentures School Year 2017-2018**

\*Please fill out this packet to enroll in EarlyVentures Learning Center's 2017-2018 School Year Session

\*All registrations must be returned to Bobbi Schmidtke, EarlyVentures Site Leader at Longfellow

To secure a spot in the EarlyVentures Learning Center's 2017-2018 School Year Session, please return:

- Completed Registration Form
  - Check that includes Registration Fee and Snack Cart Fee (Toddlers and Preschoolers); Checks should be made out to EarlyVentures. Please see categories to the right to determine your correct fee.
- \*Registration and snack cart may be on the same check.

**Registration Fee (Per Child):**

- Current EV Families- \$40/Child
- Current EV Families ALSO Enrolling in Hand in Hand Preschool- \$20/Child
- New Families- \$60/Child
- New Families ALSO Enrolling in Hand in Hand Preschool- \$30/child

**Snack Cart Fee (Per Child/Yr):**

**\*ONLY for those in toddler and preschool rooms. Infants DO NOT need to pay for snack cart.**

Enrolled 4-5 Days/Week – \$33.00

Enrolled 2-3 Days/Week – \$16.50

\*Please add the correct amount to your registration fee.

**Important Information**

EarlyVentures Learning Center is located at Longfellow school and is open from 6:30 AM to 6:00 PM.

The school year session will begin on Tuesday, September 5<sup>th</sup>, 2017.

Due to licensing standards, even if you are a current family, all paperwork must be completed and resubmitted to EarlyVentures annually. We apologize for the inconvenience, but it is in the safety of all children and mandated by licensing guidelines.

If you have a balance due on your family account, you will NOT be able to start the school year session. No exceptions will be made.

EarlyVentures is a pay ahead program. Payments for the following week's care are due on the Thursday of the previous week. **Please note, you will NOT be getting a hard copy of monthly statements.** If you do not currently have online access to billing, but would like to be set up with access, please contact Mary Hansen at [MHansen@northfieldschools.org](mailto:MHansen@northfieldschools.org)

Hot lunches will be available during the school year except on release days. White 1% Milk is also available each day for purchase. Please make checks payable to Food Service if you would like your child to receive hot lunch and/or milk. Children may also always bring a lunch from home.

Confirmation packets with additional information and paperwork will be mailed to you in late July. Please look for more information about "Paper Chase Night" (a night where families turn in all paperwork and meet staff) in this packet.

Please call (507) 664-3653 with any questions. We look forward to seeing you in the fall!

## EarlyVentures Learning Center Contract for Services

### School Year 2017-2018

(For Summer Enrollment, Please See Separate Contract)

**Fall Session Begins: Tuesday, September 5<sup>th</sup>, 2017**      **Anticipated Start Date** \_\_\_\_\_

Please ATTACH a check for the following: **1. NON-REFUNDABLE Registration Fee per Child** AND **2. Snack Cart Fee** (please see fees to the right to determine the correct amount). Check should be made out to EarlyVentures.

Please fill out the following information in its entirety. One form PER CHILD. RETURN this form WITH check to Bobbi Schmidtke, EarlyVentures Site Leader. Call 507-665-1248 or 507-665-1245 if you have any questions about registration. Once this contract is received, a one month written notice will be required for any schedule changes or withdrawals from the program.

**Registration Fee (Per Child):**

- Current EV Families- \$40/Child
- Current EV Families ALSO Enrolling in Hand in Hand Preschool- \$20/Child
- New Families- \$60/Child
- New Families ALSO Enrolling in Hand in Hand Preschool- \$30/Child

**Snack Cart Fee (Per Child):**

**\*ONLY for those in toddler and preschool rooms. Infants DO NOT need to pay for snack cart.**

Enrolled 4-5 Days/Week – \$33.00

Enrolled 2-3 Days/Week -- \$16.50

\*Please add the correct amount to your registration fee.

**Please complete ALL information**

<b>Child's Name:</b>	<b>Nickname:</b>	<b>Age:</b>	<b>DOB:</b>
<b>Returning Child:</b> Yes    No			
	Parent/Guardian #1	Parent/Guardian #2	
<b>Name</b>			
<b>Home Address</b>			
<b>City, State, Zip</b>			
<b>Employer Name</b>			
<b>Phone Numbers</b>	Home: _____ Work: _____ Cell: _____	Home: _____ Work: _____ Cell: _____	
<b>E-mail Address</b>			

Name of person(s) authorized to pick-up and/or call (other than parents):

(name)	(address)	(phone)
(name)	(address)	(phone)

Name of person(s) NOT authorized to pick-up/call (Cannot include a parent unless a court order is on file):

Is there a court order regarding the above person? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, the child's file must contain a copy.

### EMERGENCY PERMISSION:

In the event of an emergency or illness, if EarlyVentures Learning Center is unable to contact you or a person authorized by you, EarlyVentures Learning Center has your permission to seek immediate medical assistance. Beyond this, EarlyVentures Learning Center or ISD 659 will not be held liable.

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

Child's Name: \_\_\_\_\_ \*Age: \_\_\_\_\_ \*Please use the age your child will be on 9/1/17

Infant Set Schedule	Toddler Set Schedule	Preschool Set Schedule
(6 wks - 16 mo)	(16 mo – 33 mo)	(33 mo –5 years)
_____ 2 Days Per Week \$47.00/day T & TH  Time: _____ to _____	_____ 2 Days Per Week \$41.00/day T & TH  Time: _____ to _____	_____ 2 Days Per Week \$39.00/day T & TH  Time: _____ to _____
_____ 3 Days Per Week \$47.00/day M W F  Time: _____ to _____	_____ 3 Days Per Week \$41.00/day M W F  Time: _____ to _____	_____ 3 Days Per Week \$39.00/day M W F  Time: _____ to _____
_____ 4 to 5 Days Per Week \$47.00/day (4 days a week minimum)  (Circle): M T W TH F  Time: _____ to _____	_____ 4 to 5 Days Per Week \$41.00/day (4 days a week minimum)  (Circle): M T W TH F  Time: _____ to _____	_____ 4 to 5 Days Per Week \$39.00/day (4 days a week minimum)  (Circle): M T W TH F  Time: _____ to _____

\*If registering on Thursday, March 2<sup>nd</sup>, 2017 during the open house, families enrolling for **BOTH** Hand in Hand and EV will receive priority for available EV openings (Applies only to preschool aged children; Excludes infants and toddlers).

My child will also attend Hand in Hand Preschool:    Y            N

My Child's Hand in Hand Schedule: \_\_\_\_\_

\*If your preschool child will be at EarlyVentures for 5 hours or less on days that they attend Hand in Hand Preschool, you qualify for the half day rate of \$31.00/Day.

Will your child be at EV for 5 hours or less on Hand in Hand Days?    Y            N

If yes, my child will be at EV the following times on Hand in Hand Days \_\_\_\_\_

THE UNDERSIGNED REQUESTS ADMISSION FOR THE ABOVE CHILD AND HEREBY AGREES TO THE TUITION AND POLICIES INDICATED IN THE CENTER'S PARENT HANDBOOK.

\*The EarlyVentures Parent Handbook can be found in each EarlyVentures classroom OR online at:

<http://northfieldschools.org/files/EarlyVentures-Handbook.pdf>

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

Child lives with (names and relation) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I receive child care assistance: Yes \_\_\_\_\_ No \_\_\_\_\_

EarlyVentures needs a letter of verification BEFORE starting the program.

**WALKING TRIPS:**

I give permission for my child to participate in trips that are within walking distance of the center.

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

**CHILD'S REGULAR MEDICAL SOURCE:**

Doctor:

\_\_\_\_\_  
(Name) (Address) (Phone)

Dentist:

\_\_\_\_\_  
(Name) (Address) (Phone)

Insurance Provider: \_\_\_\_\_

Member ID#: \_\_\_\_\_

**SOURCE OF MEDICAL AND DENTAL CARE TO BE USED IN CASE OF AN EMERGENCY:**

\_\_\_\_\_  
(Hospital Name, Address, Phone)

\_\_\_\_\_  
Dental Name, Address, Phone

Does your child have a medical diagnosis or developmental delay that requires extra support? Y N

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have an IEP? Y N

Does your child have any other special needs or concerns? Y N

If Yes, please explain: \_\_\_\_\_

*\*Ventures is not designed to provide long term 1:1 assistance for children. If a child receives 1:1 student support in the classroom or has a behavior plan developed, Ventures must have a meeting with the family prior to the start date in order to determine the appropriate level of support needed. Information regarding a student's needs will not be used to prohibit a child's enrollment in Ventures, unless it is determined they will need significant assistance beyond our program capabilities.*

**For children 16 months and older (infant families will receive a separate form):**

Has your child attended any other preschool or child care? \_\_\_\_\_ Yes \_\_\_\_\_ No

What experience has your child had with groups of children? \_\_\_\_\_

Does your child typically take naps at home? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how long does your child typically rest? \_\_\_\_\_

Do you have any specific ways of helping your child rest? \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ Yes \_\_\_\_\_ No (children in the Firefly and Butterfly rooms must be potty trained)

If no, are you working on potty training at home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will your child tell an adult when they need to use the bathroom? \_\_\_\_\_ Yes \_\_\_\_\_ No

Any suggestions or feedback regarding your child using the bathroom \_\_\_\_\_

If my child becomes upset or sad, the best way to comfort them is \_\_\_\_\_

What are your child's favorite activities or special interests? \_\_\_\_\_

**Staff Use ONLY:**

**Date Received:**

**Time Received:**

**Current Family** or **New Family**

**Also Enrolling in H in H?:** Y N N/A

**4-5 Days/Wk** or **2-3 Days/Wk**

**Staff Initials:**

**Registration Fee:**

\$40/Child for Current EV Families  
\$20/Child for Current EV and H in H  
\$60/Child New EV Families  
\$30/Child New Families and H in H

**Snack Cart- Excludes Infants**

4-5 Days/Wk \$33.00  
2-3 Days/Wk \$16.50

Registration Fee: \_\_\_\_\_

Snack Cart Fee: \_\_\_\_\_

TOTAL: \_\_\_\_\_

Check # \_\_\_\_\_

**NOTES:**