

EarlyVentures Learning Center Contract for Services September 2020- August 2021

Session Begins: Tuesday, September 8th, 2020 **Anticipated Start Date** _____

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

Please fill out the following information in its entirety. One form PER CHILD. Call 507-645-1245 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):

A \$100 non-refundable registration fee must be submitted with this registration paperwork for all children that are not currently enrolled in EarlyVentures.

There is no registration fee for currently enrolled children.

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 – \$65.00

Enrolled 2-3 Days/Week -- \$33.00

*Please add the correct amount to your registration fee.

Please complete ALL information

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

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.

Child's Name: _____

*Age: _____

*Please use the age your child will be on 9/8/20

Infant Set Schedule Caterpillar Room (Approximately 6 wks –16 mo)	Toddler Set Schedule Bee and Ladybug Rooms (Approximately 16 mo – 36 mo)	Preschool Set Schedule Firefly and Butterfly Rooms (Approximately 36 mo –5 yrs)
<p>_____ 2 Days Per Week \$73.00/day T & TH</p> <p>Time: _____ to _____</p>	<p>_____ 2 Days Per Week \$66.00/day T & TH</p> <p>Time: _____ to _____</p>	<p>_____ 2 Days Per Week *\$64.00/day T & TH</p> <p>Time: _____ to _____</p>
<p>_____ 3 Days Per Week \$68.00/day M W F</p> <p>Time: _____ to _____</p>	<p>_____ 3 Days Per Week \$60.00/day M W F</p> <p>Time: _____ to _____</p>	<p>_____ 3 Days Per Week *\$58.00/day M W F</p> <p>Time: _____ to _____</p>
<p>_____ 4 Days Per Week \$63.00/day</p> <p>(Circle): M T W TH F</p> <p>Time: _____ to _____</p>	<p>_____ 4 Days Per Week \$55.00/day</p> <p>(Circle): M T W TH F</p> <p>Time: _____ to _____</p>	<p>_____ 4 Days Per Week *\$53.00/day</p> <p>(Circle): M T W TH F</p> <p>Time: _____ to _____</p>
<p>_____ 5 Days Per Week \$57.00/day</p> <p>Time: _____ to _____</p>	<p>_____ 5 Days Per Week \$50.00/day</p> <p>Time: _____ to _____</p>	<p>_____ 5 Days Per Week \$48.00/day</p> <p>Time: _____ to _____</p>

*Children in the Firefly Room that are not yet potty trained, will be charged the toddler rate that corresponds with their schedule. This is due to the lower ratio needed during bathroom time to accommodate children in diapers/pull-ups. Potty trained is defined as completely out of diapers and/or pull-ups and on average, less than one bathroom accident per week. Children in the Butterfly Room must be fully potty trained.

Hand in Hand Preschool
(Must submit separate registration to Hand in Hand to enroll)

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

My Child's Hand in Hand Schedule: _____

Summer 2021 Intent

_____ Maintain Same Schedule _____ Change our EV Schedule (minimum is 2 days/wk)

_____ Pay 50% Tuition to Hold our EV Spot *If possible, we would like our summer 2021 schedule to be: _____

_____ End our time with EV **We understand that families may not know their intent for summer 2021. This is to get a general gauge of summer enrollment.

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:** Y N

*EarlyVentures must have a letter of verification BEFORE starting the program. Families on CCAP are responsible for paying all tuition expenses that the county does not cover.

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:** _____

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 that will be 16 months or older on 9/8/20 (infant families will receive a separate form in the confirmation packet prior to their start date):

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 Butterfly room 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? _____

Office Use ONLY:

Date Received:

Time Received:

Current Child or **New Child**

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

Staff Initials:

Registration Fee:

A \$100 non-refundable registration fee must be submitted with this registration paperwork for all children that are not currently enrolled in EarlyVentures.

There is no registration fee for currently enrolled children.

Registration Fee: _____

Snack Cart Fee: _____

TOTAL: _____

Check # _____

NOTES: