Important Summer Information

The EarlyVentures summer program will be located at Longfellow school and will start on Tuesday, June 9th, 2020.

EarlyVentures will be closed Friday, July 3rd.

The last day of the summer program will be Wednesday, August 26th, 2020. We will be closed Thursday, August 27th – Monday, September 7th for packing, unpacking, getting re-licensed, and setting up all of our spaces at the newly renovated building! The school year session will begin on Tuesday, September 8th.

EarlyVentures families must stay up-to-date with payments. Each month’s tuition must be paid by the last day of the respective month. Care will be terminated for families that do not follow the payment policy. Please note, families DO NOT receive a hard copy of monthly statements unless they specifically request one in writing. 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. Please also contact Mary if requesting a hard copy of monthly statements.

Hot lunches and/or milk will be available this summer Monday-Thursday for those in the toddler and preschool rooms. There are no free or reduced lunches during the summer months. Summer prices are yet to be determined, however, they are expected to be approximately $3.35/day for lunch with milk or $.50 for just milk. Food Service will not be available on Fridays during the summer; you will need to bring a cold lunch WITH drink for your child EVERY Friday. Food Service will run Monday, June 15th– Thursday, August 20th. Please make checks payable to Food Service.

Confirmation Packets will be sent to you in May with additional information and paperwork. All paperwork is due before your start date.

Please call 507-645-1245 with any questions. We look forward to a fun-filled summer!
EarlyVentures Learning Center Contract for Services  
Summer 2020 – New Children  
(For September 2020-August 2021 Enrollment, Please See Separate Contract)

**Summer Session Begins: Tuesday, June 9th, 2020**  
**Anticipated Start Date ___________**

Please ATTACH a check for the following:  
1. **Non-Refundable Registration Fee** AND  
2. **Non-Refundable 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. Forms may be returned beginning March 5th, 2020 at 6:00 PM at Longfellow School. 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 – Pay $26.00  
Enrolled 2-3 Days/Week – Pay $13.00

Please fill out the following information in its entirety. One form PER CHILD. Forms may be returned beginning March 5th, 2020 at 6:00 PM at Longfellow School. 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.

Please complete ALL information

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Nickname:</th>
<th>Age:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Returning Child: Yes No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian #1</th>
<th>Parent/Guardian #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Home Address</td>
<td>Home Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Employer Name</td>
<td>Employer Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Numbers</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home:</td>
<td>Work:</td>
</tr>
<tr>
<td>Cell:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(name)</th>
<th>(address)</th>
<th>(phone)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(name)</th>
<th>(address)</th>
<th>(phone)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 6/9/20

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

*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.

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:

Parent/Guardian Signature: __________________________________________ Date: ________________
Child lives with (names and relation)______________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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 and older on 6/9/20 (infant families will receive a separate form in the confirmation packet):

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

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

Staff Initials: ____________________________

Registration Fee:

$100 for children not currently enrolled in EV

Snack Cart Fee: ________

Snack Cart- Excludes Infants

4-5 Days/Wk $26.00

2-3 Days/Wk $13.00

TOTAL: _________________

Check #_________________

NOTES: