

COMMUNITY SERVICES DIVISION
1651 Jefferson Parkway
Northfield, MN 55057
PH 507.664.3750
www.northfieldschools.org

EarlyVentures Summer 2020- New Children

- New EV families may return completed forms beginning **Thursday, March 5th, 2020 at 6:00 pm** at Longfellow School. *If looking to register an infant, please call 507-645-1245 the first week of March to determine availability.
- Forms should include a check with the Registration Fee and Snack Cart Fee; Checks should be made out to EarlyVentures. Please see categories to the right to determine the correct amount. Registration and snack cart fees may be on the same check.
- 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 add the correct amount to your registration fee.

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):

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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.

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

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)
_____ 2 Days Per Week \$73.00/day T & TH Time: _____ to _____	_____ 2 Days Per Week \$66.00/day T & TH Time: _____ to _____	_____ 2 Days Per Week *\$64.00/day T & TH Time: _____ to _____
_____ 3 Days Per Week \$68.00/day M W F Time: _____ to _____	_____ 3 Days Per Week \$60.00/day M W F Time: _____ to _____	_____ 3 Days Per Week *\$58.00/day M W F Time: _____ to _____
_____ 4 Days Per Week \$63.00/day (Circle): M T W TH F Time: _____ to _____	_____ 4 Days Per Week \$55.00/day (Circle): M T W TH F Time: _____ to _____	_____ 4 Days Per Week *\$53.00/day (Circle): M T W TH F Time: _____ to _____
_____ 5 Days Per Week \$57.00/day Time: _____ to _____	_____ 5 Days Per Week \$50.00/day Time: _____ to _____	_____ 5 Days Per Week \$48.00/day Time: _____ to _____

*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:

<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.

*Rice County Childcare Assistance does not cover our full daily rate. Families are responsible for paying all tuition expenses that the county does not cover.

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- Excludes Infants

4-5 Days/Wk \$26.00
 2-3 Days/Wk \$13.00

Registration Fee: _____

Snack Cart Fee: _____

TOTAL: _____

Check # _____

NOTES: