

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

EarlyVentures School Year 2019-2020

(For Summer 2019 Enrollment, Please See Separate Contract)

- New EV families may return completed forms beginning **Thursday, March 7th, 2019 at 6:00 pm** at Longfellow School.
- 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.
- Call 507-645-1248 or 507-645-1245 if you have any questions about registration.

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/Yr):

***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.

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 run Tuesday, September 3rd 2019- Friday, June 5th, 2020.

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 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 will be available during the school year, except on release days. White 1% milk (whole milk for those 12-23 months) is also available each day for purchase. The approximate cost is \$2.50/lunch with milk or \$.50 for just milk. 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 2019-2020

(For Summer Enrollment, Please See Separate Contract)

Fall Session Begins: Tuesday, September 3rd, 2019 Anticipated Start Date _____

Please ATTACH a check for the following: **1. Non-Refundable Registration Fee per 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. New families may return forms beginning March 7th, 2019 at 6:00 PM at Longfellow School. Call 507-645-1248 or 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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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.

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 9/3/19

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 \$69.00/day T & TH Time: _____ to _____	_____ 2 Days Per Week \$62.00/day T & TH Time: _____ to _____	_____ 2 Days Per Week *\$60.00/day T & TH Time: _____ to _____
_____ 3 Days Per Week \$64.00/day M W F Time: _____ to _____	_____ 3 Days Per Week \$57.00/day M W F Time: _____ to _____	_____ 3 Days Per Week *\$55.00/day M W F Time: _____ to _____
_____ 4 Days Per Week \$59.00/day (Circle): M T W TH F Time: _____ to _____	_____ 4 Days Per Week \$52.00/day (Circle): M T W TH F Time: _____ to _____	_____ 4 Days Per Week *\$50.00/day (Circle): M T W TH F Time: _____ to _____
_____ 5 Days Per Week \$54.00/day Time: _____ to _____	_____ 5 Days Per Week \$47.00/day Time: _____ to _____	_____ 5 Days Per Week \$45.00/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.

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: _____

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 that will be 16 months or older on 9/3/19 (infant families will receive a separate form in the confirmation packet in late July):

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? _____

Staff 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.

Snack Cart- Excludes Infants

4-5 Days/Wk \$65.00

2-3 Days/Wk \$33.00

Registration Fee: _____

Snack Cart Fee: _____

TOTAL: _____

Check # _____

NOTES: