

ENROLLMENT APPLICATION MINNEAPOLIS



Center location:	Enrollment date:	Preferred start date:	Confirmed start date:
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CHILD INFORMATION

Last Name:	Group: <input type="checkbox"/> Infant <input type="checkbox"/> Pre Kindergarten <input type="checkbox"/> Toddler <input type="checkbox"/> Kindergarten <input type="checkbox"/> Intermediate <input type="checkbox"/> Climbers	Schedule: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time ___M ___T ___W ___Th ___F Typical Hours:
First Name:		
Nickname:		
Date of birth:		
Sex:		

PARENT INFORMATION

PARENT 1/CUSTODIAL/GUARDIAN		PARENT 2/CUSTODIAL/GUARDIAN	
Name:		Name:	
Date of Birth:		Date of Birth:	
Social Security #:		Social Security #:	
Drivers License #:		Drivers License #:	
Address:		Address:	
City:	Zip:	City:	Zip:
Home Phone: ()		Home Phone: ()	
Mobile Phone: ()		Mobile Phone: ()	
Email:		Email:	
Employer/Occupation:		Employer/Occupation:	
Work Phone: ()		Work Phone: ()	
Alt. Phone: ()		Alt. Phone: ()	
Address:		Address:	

It is our policy that all children enrolled must be immunized according to the schedule provided by the Minnesota Department of Health.

A non-refundable application fee of \$200.00, due with the enrollment application, is charged for enrollment of the first child. For each additional child, the non-refundable application fee is \$175.00. A one-month written notice is required for a schedule change. A one-month written notice is required for withdrawal or you will be responsible for one-month of tuition.

Application fee:	Date:
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Tuition is due upon receipt of the monthly statement and no later than the 5th of the month. Accounts are subject to a \$40 late fee billed at close of business day on the 5th and each week thereafter until paid. All enrolled children must have a schedule. Your tuition will be billed based on the fee schedule outlined on this enrollment contract. Your child may attend on an alternate day if classroom occupancy allows. Your account will reflect the additional day charges.

Kinderberry Hill requires families with infants to pay for their first month's tuition two months prior to starting. This amount guarantees that Kinderberry Hill will hold a space for 60 days. This amount is non-refundable. You are responsible for tuition after the 60-day period regardless of any changes in start date. If tuition is not received, Kinderberry Hill cannot guarantee a space for your child.

A transition fee of \$150.00 is charged for each child's transition into the next program. Completion of a new contract and updated paperwork is required.

I understand that Kinderberry Hill will select students on the basis of availability of positions and in the order in which applications/deposits are received without discrimination as to race, creed, or religion. Priority will be given to siblings of children already enrolled. Kinderberry Hill's financial policies and tuition rates are subject to change at any time without prior notice.

Date:		Date:
Signature of parent:		Signature of parent:

OFFICE USE ONLY

Parent Referral Discount _____ Sibling Discount _____ Promotional Discount _____

EPD Initials Parent Initials

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PARENTAL AUTHORIZATION

FOR PICK-UP AND MEDICAL/ HEALTH INFORMATION ACCESS



For the protection of your child and in any emergency situation which may arise, please list below the names and phone numbers of those persons you hereby authorize to pick up your child from the center. Kinderberry Hill will only release your child to adults you designate as authorized. It is our policy to ask all unfamiliar adults for photo identification.

Child's Name (First, Middle, and Last)
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NAME	PHONE NUMBER	RELATIONSHIP TO CHILD

Signature of Parent/Guardian	Date
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PASS CODE

In order to release your child to individuals not listed on this form, Kinderberry Hill requires a confidential pass code that will be stored in a secure location and only available to selected personnel. In the event you or one of the authorized persons are unable to pick up your child, do you want Kinderberry Hill to accept a telephone authorization using your confidential pass code?

☐ Yes

☐ No

Pass Code:	
Signature of Parent/Guardian	Date

KINDERBERRY HILL CHILD DEVELOPMENT FORM



Child's Full Name		Does your child have a nickname?
First Name(s) of Parent(s) or Guardian(s):		
Number of siblings in home:	Ages of siblings in home:	
List anyone else presently living in the home:		
Please list the language(s) spoken in your home:		

GENERAL HISTORY

1. Has your child had previous child care experience? ☐ YES ☐ NO

If yes, please list location(s) of previous child care experience:

2. Is your child ☐ left-handed or ☐ right-handed? ☐ N/A – has not been developed yet

3. What is your child's favorite toy(s)? _____

4. What is your child's favorite play activity? _____

5. Special interests of your child:

6. Does your child seem healthy most of the time? ☐ YES ☐ NO

7. Is your child taking any medications now? ☐ YES ☐ NO

If yes, what? _____

8. Is your child receiving or eligible for Developmental Disability (DD)-related case management services? ☐ YES ☐ NO

If yes, please contact the center director to determine whether we are able to reasonably accommodate your child.

EMOTIONAL BEHAVIOR

1. Every child, at one time or another, exhibits the behaviors listed below. Please indicate which words you feel are **most** applicable to your child:

- | | | | |
|---|---|------------------------------------|---|
| <input type="checkbox"/> Generally Cheerful | <input type="checkbox"/> Physical | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Active | <input type="checkbox"/> Talkative | <input type="checkbox"/> Easily Excited |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Group Leader | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Often Shy |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Group Follower | | |

2. List other comments you may have regarding your child's behavior:

3. What behavior do you consider most difficult to deal with?

4. How do you comfort your child? (i.e., use of pacifier, blanket, stuffed animal, physical touches such as hugs, etc.)

5. Is there anything we as teachers should know about your child to help us work with him/her more effectively: (Please include cultural preferences)

6. What do you feel that we as teachers can do for your child?

7. Does your child have any physical, emotional, or medical needs the staff should be aware of?

Yes ☐

No ☐

Please attach a copy of your child's IEP, if applicable.

If yes, please explain.

HEALTH NEEDS

1. Does your child have any allergies? Yes ☐ No ☐

If yes, please list your child's allergies. How does your child react?

2. Does your child have any food allergies or special food needs? Yes ☐ No ☐

If yes, please describe? _____

Please list any necessary treatment on form KBH-121. (Allergies or Special Food Needs)

DAILY ROUTINES

INFANTS		
<p>Please place a check by your child's daily nutritional intake:</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> breast milk <input type="checkbox"/> formula <input type="checkbox"/> baby food <input type="checkbox"/> table food </div>		
<p>Does your child have any special feeding requirements? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please describe: _____</p> <p>What is your child's present eating schedule?</p> <p>Breakfast: _____ Morning Snack: _____ Lunch: _____ Afternoon Snack: _____</p>		
<p>What is your child's present sleeping schedule?</p> <p>Night Time: _____ to _____ Morning Nap: _____ to _____ Afternoon Nap: _____ to _____</p>		
Does your child use a pacifier?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any special ways of helping your child go to sleep? If yes, what?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

TODDLER – INTERMEDIATE - PRESCHOOL			
Is your child toilet trained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
What words does your child use for urination? _____			
What words for bowel movement? _____			
What is your child's present sleeping schedule? Night Time: _____ to _____ Afternoon Nap: _____ to _____			
Do you have any special ways of helping your child go to sleep? If yes, what?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your child need a blanket or toy for sleeping?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Please list any additional comments you may have relating to any of the above:

Parent/Guardian Signature	Date
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KINDERBERRY HILL
CHILD DEVELOPMENT CENTERS

EZ-EFT AUTHORIZATION FORM

I hereby authorize _____ to make my monthly payment on my
(name of financial institution)
behalf from the checking or savings account listed below and transfer it to Kinderberry Hill. If, however,
my check or savings payment is returned to my bank for any reason, Kinderberry Hill will exercise its rights
to represent my payment and the state returned check fee to my financial institution up to 3 times as
permitted by law. Kinderberry Hill's collection agency will attempt to collect the amount of the failed
checking or savings payment, along with the return check fee. The return check fee is the amount
permitted by state law, or in the absence of such a state law,
a fee of \$30 may apply.

Choose One:

☐ Checking Account Transfer (voided check must be attached)

☐ Savings Account Transfer: Routing # _____ Account # _____

I understand that I am in full control of my payment, and if at anytime I decide to make any changes or
discontinue this service, I will notify my center in writing. This authorization will remain in full force and in
effect until Kinderberry Hill has received such notification from me of the termination of my authorization
in such time and in such a manner as to afford Kinderberry Hill and my financial institution a reasonable
opportunity to act on it. Change of payment method will not affect the terms of my contract.

First and Last Name of Child(ren) Enrolled

Address

City

State

Zip

Signature

Printed Name

Date

HEALTH ASSESSMENT CONSENT FORM



KINDERBERRY HILL
CHILD DEVELOPMENT CENTERS

Child's Name	Date of Birth
Parents' Names (please print)	Center Location

Kinderberry Hill employs an onsite nurse. One of the nurse's roles is to help ensure the health and safety of each child by utilizing their professional skills to monitor and assess your child should they become ill or express discomfort at the center. While this may include basic assessments such as monitoring vital signs, the nurse also has ability to conduct a more advanced assessment. This may include listening to lung and bowel sounds, looking in ears to check for redness, and the evaluation of blood oxygen levels using a fingertip pulse oximeter.

If you would like the Kinderberry Hill nurse to perform any of the advanced assessments listed above (should symptoms warrant a closer evaluation), please give your consent by signing below.

- ☐ I give my consent to have the Kinderberry Hill onsite nurse evaluate my child through an advanced assessment, should symptoms warrant such an evaluation.
- ☐ I do not give my consent to have the Kinderberry Hill onsite nurse evaluate my child through an advanced assessment.

Parent Signature	Date
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