



Infant & Toddler Center Enrollment Packet Checklist

1. Application _____
2. Developmental History _____
3. Emergency Form _____
4. Immunization Form (signed by physician) _____
5. Health Care Summary (signed by physician) _____
6. Tuition Contract _____
7. Permission Form _____
8. Copy of Child's Birth Certificate _____

All forms must be completed and turned in before your child can start.

For Office Use

initial each item as it is explained to the parent

_____ Payment Policy

_____ Medication Policy

_____ Tuition Deposit

_____ Authorized Pick-up

_____ Center Closed Days

_____ Shutterfly

_____ Exclusion Policy

Staff Member Checking Packet _____
(you are responsible for making copies of the emergency card)

Carol Matheys Center for Children & Families
Infant & Toddler Center
2675 East Highway 36
North St. Paul, MN 55109
651-770-6784-main 651-777-0778-fax

Application For Admission

Child's Name _____ Age _____ Birth Date _____

Address _____ Home Phone _____

_____ E-Mail _____

Parent's Name _____ Work Phone _____

Employer _____ Occupation _____

Parent's Name _____ Work Phone _____

Employer _____ Occupation _____

Martial Status: Married Single Divorced

With whom does your child reside? _____

If parents are not married who has Physical/Legal custody? _____

Are there any court orders or visitation schedules? _____ If yes, please
explain and provide copies to Site Director. _____

Names and ages of siblings or other children living in the home: _____

Other pertinent family information you wish to share with us: _____

Does your child have any allergies, special needs, or illnesses that we
need to know about? _____

Please describe your child in a few words: _____

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Child's Developmental History

The following questions are to be answered voluntarily, however, we feel this to be helpful to us in caring for your child. Please take the time to fill out this history.

Child's Name _____ Birth Date _____

Social Relationships and Development

1. Has your child had experiences playing with other children? _____
If so, in what setting? _____
2. Has your child had any other previous day care experience? _____
If so, was it in a home daycare or a center? _____
3. Does your child know any other children at this center? _____
4. How do you feel your child will adjust to this new daycare setting?

5. How would you explain your child's personality? _____

6. If your child has siblings how do they get along with them? _____

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

Sleeping Habits

1. What time does your child go to bed at night? _____
2. What time does your child awaken in the morning? _____
3. Does your child go to bed without any problems? _____ If not,
how do you handle this? _____

4. Does your child have his/her own room? _____
5. Where does your child sleep (crib, with you, bed etc.) _____
6. Does your child have any special habits at bedtime/naptime?
(sleeping with a special blanket or stuffed animal) _____
7. Does your child take naps? _____ When and for how long? _____

Infant Questions

1. My child is on: Formula Breast milk Cow's Milk
2. My child takes about _____oz. every _____ hours.
4. Please wake my child after _____ hours to offer them a bottle.
5. When and what my child usually eats for:
- Breakfast: _____ Time: _____
- Lunch: _____ Time: _____
- Dinner: _____ Time: _____
- Snacks: _____ Time: _____
6. My child likes to be comforted by _____
7. My child has a special blanket: Yes No Pacifier: Yes No
8. My child likes to be rocked to sleep: Yes No
9. How often is your child read to? _____
10. Please describe anything you think would be helpful for us to know
about your child. _____

Toddler Questions

1. Describe your child's eating patterns. _____

2. What are your child's favorite foods? _____
3. What foods does your child not like? _____
4. Does your child have any fears? _____
5. What makes your child frustrated or upset? _____

6. How does your child show his/her feelings? _____

7. Can your child dress him/her self? _____
8. At what age did your child begin talking? _____
9. Does your child have any speech problems? _____
10. How often is your child read to? _____
11. How many hours a day does your child watch T.V. or videos? _____
12. What is your child's favorite T.V program? _____ Video? _____
13. Is your child potty trained? _____ Can your child be relied upon to indicate his/her bathroom wishes? _____
14. Does your child need to go more frequently than usual for his/her age? _____
15. What words does your child use for Urination/Bowel Movement? _____

16. What words does your child use for private parts? _____
17. Does your child wet the bed at night or during naps? _____
18. Please describe anything you think would be helpful for us to know about your child. _____

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Emergency Form

Child's Name _____ Birth Date _____

Address _____ Home Phone _____

Parent's Name _____ Work Phone _____

E-Mail _____ Cell Phone _____

Parent's Name _____ Work Phone _____

E-Mail _____ Cell Phone _____

Medical Information

Physician _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Preferred Emergency Medical Source (Hospital) _____

Allergies _____

Medical Conditions or Special Needs _____

Medications your child is currently taking _____

Insurance Information

Medical Insurance Carrier _____

Policy # _____ Group # _____

Policy Holder's Name _____

Policy Holder's D.O.B _____

Emergency Contacts

List 3 additional people we may contact in case of an emergency who are also authorized to pick up your child from the center.

- 1. Name _____ Work Phone _____
Address _____ Home Phone _____
- 2. Name _____ Work Phone _____
Address _____ Home Phone _____
- 3. Name _____ Work Phone _____
Address _____ Home Phone _____

Emergency Permission

In the event of a medical emergency concerning my child, I grant permission for the staff at Carol Matheys Center for Children & Families to seek emergency services (911) and for appropriate qualified medical personnel to administer emergency treatment and/or transport my child to the nearest emergency medical source.

_____ Parent/Guardian Signature _____

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Health Care Summary
Must Be Completed By Health Care Source

Date of Enrollment _____

Name of Child _____ Birth Date _____

Address _____ Home Phone _____

Parent(s)/Guardian(s) _____

Date of last physical examination _____

How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies to any medications? _____

Is a modified diet necessary? _____

Is any condition present that might cause an emergency? _____

What is the status of the child's: Vision _____
Hearing _____
Speech _____

Please list below any important health problems: *Individual Care Plan Form Needed*

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed By Other Med. Source (Name)</u>	<u>Require Special Attention at center</u>
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Other information helpful to the child care program: _____

Signature of Health Source _____ **Date** _____
Address _____

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Tuition Agreement

Child's Name _____ Home Phone _____
 Parent/Guardian _____ Parent's Work Phone _____
 Home Address _____ Parent's Work Phone _____

Please (X) the program and days you are enrolling in:

	Monday	Tuesday	Wednesday	Thursday	Friday
_____ Infant Program	_____	_____	_____	_____	_____
_____ Toddler Program	_____	_____	_____	_____	_____

Please indicate your drop off and pick up times for each day your child will attend. Your child's day cannot exceed 10 hours. If you need to change your times you need to submit them in writing to the Site Director in advance. Changes will be allowed if staffing and space permits.

Monday: Drop off _____ Pick up _____ Thursday: Drop off _____ Pick up _____
 Tuesday Drop off _____ Pick up _____ Friday: Drop off _____ Pick up _____
 Wednesday: Drop off _____ Pick up _____

See Tuition Schedule for tuition amounts. Tuition amounts are subject to change. A one month notice will be given.

Contract Terms and Conditions

- * A non-refundable registration fee is due at the time of application. A one week tuition deposit is due at the time of registration. This is applied to the last week of tuition.
- * Tuition is due every Friday for the following week of care. Tuition may be paid bi-weekly or monthly if special arrangements are made with the Site Director. Non-payment for 2 weeks is cause for dismissal from the program.
- * A \$10.00 late tuition fee will be charged to your account if your tuition is not received by Wednesday at 9:00am. This will be charged each week your account is past due.
- * Contracted fees are charged each week regardless of attendance. Full time children and given a 25% discount when absent for 5 consecutive days in a week. There is no discount for part time children.
- * A 2 week written notice of withdrawal is required. This must be given to the Site Director.
- * A 1 week written notice for a schedule change is required.
- * A late pick up fee of \$5 per 5 minutes will be charged to your account if your child is picked up after 6 pm.
- * A \$30 NSF fee will be charged for all returned checks.
- * The center will be closed on the following holidays or the day of the legal holiday: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Friday after, Christmas Eve, Christmas Day, one maintenance day and two professional days per year. There is no reduction in fees for holiday and professional day closings.
- * If the center is closed due to an emergency or other unforeseen reason, tuition will be charged.
- * See Parent Handbook for further information.

I agree to pay Carol Mathey's Center For Children & Families the tuition amount of \$ _____ per week. I have read, understand, and agree to the above contract.

_____ Parent/Guardian Signature

_____ Date



Permission Form

Child's Name _____

Photography

I give permission for my child's picture to be used for publicity for Carol Matheys Center for Children & Families.

Parent's Signature

Date

Diapering Products/Sunscreen Permission Form

I give my permission for the care givers at Carol Matheys Infant & Toddler Center to administer Diapering Products and Sunscreen to my child. I am also aware that I am responsible for supplying these products and labeling them with my child's first and last name.

Parent's Signature

Date

Walking Trips

I give my child permission to go on walks in the neighborhood with the staff of Carol Matheys Infant & Toddler Center.

Parent's Signature

Date