



## 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: \_\_\_\_\_

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

**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. \_\_\_\_\_  
\_\_\_\_\_

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

**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 \_\_\_\_\_

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

**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>
----------------------------------	----------------------------	---	--

Other information helpful to the child care program: \_\_\_\_\_

**Signature of Health Source** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Address** \_\_\_\_\_



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

**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