

Rosebuds

EARLY LEARNING CENTER

Child Enrollment Paperwork

Address:

6875 Jamaica Avenue South
Cottage Grove, MN 55016

Phone Number:

651.459.4526

Website:

www.rosebudsearlylearningcenter.com

ADMINISTRATION

Center Director	Kayla Moelter	kayla@rosebudsearlylearningcenter.com
Assistant Director	Andrea Hines	andrea@rosebudsearlylearningcenter.com



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Dear Families,

We are excited that you have chosen Rosebuds Early Learning Center for your child(ren)'s Early Learning. We are committed to providing outstanding early education in a Christian environment. Our goal is to be a Learning Center that meets the needs of the families in our community. We recognize the importance of feeling comfortable leaving your child(ren) in another's care and feel honored that you have chosen us to partner with you in the care and education of your child(ren).

Rosebuds is a play-based center. Learning through play is the primary way young children gain knowledge and understanding of our world. Our play-based curriculum has been designed to meet the needs of children ages 6 weeks through 12 years old. Our curriculum supports learning and development for children in the areas of intellectual, social, emotional, spiritual, and physical development. Opportunities for both solitary play and group play are provided. Both teacher-directed and child-initiated activities are a part of each day. Employees model positive behaviors and teach children about kindness and manners through example. Employees also provide care that is supportive, nurturing, warm, and responsive to each child's individual needs.

The following MUST be completed upon enrollment to secure your child(ren)'s space:

- Enrollment Packet completely filled out
- Household Income Statement
- Child Care and Adult Food Program Enrollment Form

The following MUST be completed for your child(ren) to start:

- Health Care Summary (1 page)
- Immunization Record (Attach a copy OR 1 page)

Please note that each child enrolled will need their own enrollment packet completed

If you have any questions about these forms, our policies, or our center please contact one of the undersigned individuals. We are excited to get to know your family more and can't wait to help your child(ren) grow.

Many Blessings,

Kayla Moelter
Center Director

Andrea Hines
Assistant Director



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Child's Name: _____

Child's Birthdate: _____

Daily arrival time _____ departure time _____

**Please be accurate with these times. Teacher schedules are based off these times. If you need to bring your child outside of the hours you list – please contact the Director or Assistant Director at least 2 weeks prior. Notices under the 2-week period may not be accommodated.

First Day of Attendance: _____

Days your child will attend (please check) Monday Tuesday Wednesday Thursday Friday

Administrative Use Only

PHOTO RELEASE

- YES
- NO

ALLERGY

- YES
- NO

Classroom: _____

Notes: _____



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IDENTIFYING INFORMATION ABOUT YOUR CHILD:

Child's name (First, Middle, Last): _____

Name child prefers to be called: _____ Age: _____

Date of Birth: _____ Sex: M F

Address: _____
Street City State Zip

Bathroom competency ... in diapers in training fully trained

Is child of present marriage? Yes No Adopted? Yes No

Foster Care? Yes No *If child is in foster care, please attach necessary documents stating you have legal custody

OTHER CHILDREN LIVING WITH THE FAMILY:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

OTHERS LIVING IN THE HOME:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

How did you first learn about us?

Referred By: _____ Sign/Banner Website Facebook Other: _____



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GUARDIAN INFORMATION

MARITAL STATUS:

- Married and living together Living together Divorced Widowed Single
 Separated Other: _____

Who has legal custody of child? _____

Which parent or guardian do you prefer that we call first? _____

	Parent/Guardian 1	Parent/Guardian 2
Name		
Relationship to Child		
Home Address (If different than above)		
City, State & Zip		
Occupation		
Employer		
Business Address		
City, State & Zip		
Cell Phone		
Cell Phone Carrier		
Business Phone		
Email Address (Required)		

MOST LIKELY TO DROP OFF/PICK UP

Morning Drop Off Name _____ Relationship _____

Afternoon Pick-up Name _____ Relationship _____



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ADDITIONAL PICK UP & EMERGENCY CONTACT:

Please list a minimum of two local people who have permission to pick up, transport, and make emergency medical decisions regarding your child(ren) (must be 18 years of age or older & cannot be a parent):

Name		
Relationship to Child		
Home Address		
City, State & Zip		
Cell Phone Number		
Work Phone Number		
Home Phone Number (If different than above)		

NAMES OF ANY OTHER ADULTS WHO HAVE PERMISSION TO PICK UP AT ANY TIME WITHOUT FURTHER PERMISSION OR NOTICE:

Please notify us any time someone else will be picking up your child. **If their name is not on our list and we have no other instructions in writing from you, we will not allow them to leave with your child.**

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Is there anyone who MAY NOT pick up your child? Yes No

Name _____ Court Order? Yes No

Name _____ Court Order? Yes No

PLEASE NOTE: A copy of the court decision must be on file for the school to not release a child to his/her non-custodial parent.



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HEALTH INFORMATION

DEVELOPMENTAL HISTORY

Walked at: _____ months Talked at: _____ months

Do you have any developmental concerns? Yes No

If yes, please explain

How do you comfort your child? _____

What are your child's favorite toys? _____

What are your child's favorite activities? _____

What language is spoken in your home? _____

ALLERGY INFORMATION:

Does your child have a diagnosed allergy? Yes No ***If yes, please ask for our allergy form**

Allergen(s): _____

*If your child has any special diet requests or allergies, please arrange time to talk with the director prior to your child's start date.

MEDICAL INFORMATION

Has your child been diagnosed with asthma? Yes No

Is your child on medication? Yes No

Does your child have any health concerns? Yes No

If yes to any of the above questions, please explain:



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HEALTH HISTORY

Please check Y for yes, N for no for each question listed. If yes, please describe in the space provided.

HEALTH

Y N Does your child seem well most of the time?

Y N Is your child taking any medications now, at home or to be given at school (including aspirin, laxatives, vitamins, etc.)? If YES, What? _____ How often? _____

(Note: Another form, including physician’s signature is required for medications to be given at school)

Y N In a year has your child had as many as three ear infections?

Y N Are you concerned with your child’s hearing?

Y N In a year, has your child had three or more colds or sore throat infections with fever?

Y N Are you concerned about your child’s eyes or vision?

Y N Has your child been seen by a medical specialist?

If YES, Who? _____

For What? _____

Last date seen by a specialist? _____

Y N Does your child have any special needs?

If yes, please elaborate: _____

Y N Other illness/diseases?

If yes, please list: _____

Y N Has your child been hospitalized within the past year?

If yes, please describe: _____



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Y N Has your child had any serious accidents or poisonings?

If yes, please describe: _____

Y N Does your child chew unusual things, such as pencils, chalk, crib, window ledges, paint chips, plaster, or hair?

Has your child had any of the following:

Y N Premature birth.

Y N Birth injury or defect

Y N Trouble breathing at birth

Y N Convulsions/seizures

Y N Allergies (please circle below)

Eczema Hives Drug/food intolerance Hay Fever Wheezing Asthma Insect stings

Other: _____

If yes to any of the above, please describe including treatment. _____

SLEEPING

Y N Do you have any special ways of helping your child to sleep?

Please describe: _____

Y N Does your child cry when going to sleep?

What is your child's present sleeping schedule?

Nighttime: From to

Nap: From to



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FEEDING

What is your child’s present eating schedule (specify amount and time for food)

Breakfast _____

A.M. Supplements _____

Lunch _____

P.M. Supplements _____

Y N Does your child have feeding problems?

Please describe: _____

TOILETING

How frequently does your child have a bowel movement? _____

Appearance of BM: _____

Is your child toilet trained? Yes No

If no, have you started working on training? Yes No

What word does your child use for:

Urination: _____

Bowel movement: _____



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HEALTHCARE INFORMATION

Child's Physician _____ Phone _____

Address _____
Street City State Zip

DENTAL INFORMATION

Family Dentist _____ Phone _____

Address _____
Street City State Zip

Note: If you do not have a dentist, please check yes below to allow us to list Rosebuds preferred dentist, Lindgren Dental Care, as your child's dentist. Yes ___ No ___ (if no, please list your own preferred dentist even if your child has not yet been seen)

HOSPITAL INFORMATION

Hospital _____ Phone _____

Address _____
Street City State Zip



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In the event of an emergency involving my child, _____,

I, _____, hereby authorize Rosebuds Early Learning Center (RELC) to secure any needed emergency medical care and attention including the services of a rescue squad. I agree to keep RELC informed of changes in telephone numbers, etc. where I can be reached. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child and to hold RELC harmless and release RELC, its owner, employees, representatives, or any other person(s) affiliated with the company from all liability. RELC agrees to keep me informed of any incidents requiring professional medical attention involving my child. I also give permission for my child’s confidential medical information to be readily available to the legal guardians, RELC staff, health care professionals, DHS & licensing, Emergency responders, and Health Care Consultants.

Signature Legal guardian _____ Date _____

Health Insurance carrier _____ Policy holder name _____

Policy number _____ (Insurance information optional, but helpful in an emergency)

WALKING FIELD TRIP PERMISSION

Children of all ages need to move their bodies and stay physically active. Getting outside for fresh air and movement is important to support physical and mental health daily. There are times during the year when the children will have the opportunity to participate in a walking field trip around the grounds of Rosebuds and to nearby public parks. This is a wonderful way to expose the children to the outdoors and build relationships between curriculum and community. We will not be walking on the road or crossing any busy streets. Children under the age of 2 will be in a stroller or wagon. Children 3 and older will be holding onto the walking rope alongside their teachers. No child will be permitted to participate in walking field trips without parental consent.

I give my permission for my child to accompany his/her class on all walking field trips planned and supervised by Rosebuds staff members. I understand teachers will ensure a safe walking route and supervision to/from the school. I understand that no such field trip will take place without a safe teacher/child ratio.

Signature (Parent/Legal Guardian) _____ Date _____



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NON-PRESCRIPTION MEDICATION

All over the counter (OTC) products require parental permission for administration. However, some of these external products do not need to be documented with a medication form every time it is used for your child. The following is a list requiring parental permission only with no documentation. Products are provided by parents; however, we have extra supplies if it is needed.

All OTC medication that is taken orally requires a doctor’s note with child’s name and specific instructions on dosage. OTC medication also requires a medication form to be filled out.

Child’s Name: _____ Date of Birth: _____

I give RELC permission to apply one or more of the following external products to my child in accordance with the manufacture instructions on the label of the container:

- _____ Diaper wipes
- _____ Diaper creams, ointments
- _____ Skin lotions/creams/Vaseline; specify if special brand: _____
- _____ Soap; specify if special brand: _____
- _____ Sunscreen; specify if special brand: _____
- _____ Insect repellants; specify if special brand: _____
- _____ Lip balm
- _____ Chemical hand sanitizers
- _____ Other; please specify: _____

Any items brought to school must have your child’s first and last name written on the bottle.

*Unused product? Return to parents Discard Appropriately

Signature (Parent/Legal Guardian) _____ Date _____



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PHOTOGRAPHY & VIDEO RELEASE FORM

Periodically, we may utilize photographs and videos in various ways at Rosebuds Early Learning Center (RELC). Photos may be taken by professional photographers or school staff.

Newspaper: Occasionally we are asked by local newspapers to submit articles about RELC. These articles may include photos.

RELC Website: Our website may include photos or videos and are found at the following webpage: www.rosebudsearlylearningcenter.com

RELC Facebook Page: Our FB page is found at www.facebook.com. When posting on this page we may include photos, pre-recorded videos, or live videos

Communication App: Teachers use photos & videos in daily communication via our application Brightwheel. This app can be accessed via webpage or by downloading for free in the app store.

Displayed in Classroom/RELC Hallways: Our kiddos love seeing themselves and their friends! We post pictures in various spots around classrooms and within the RELC hallways.

Please sign below and indicate whether or not you agree to have your child’s picture, or a video utilized. We will NOT include names with child’s photographs & videos.

Child’s Name: _____

I **agree** to have my child’s photograph released for publication in the following:

Newspaper **RELC Website** **RELC Facebook page**

Communication App (daily reports) **Displayed in Classroom/RELC Hallways**

I **decline** to have my child’s photograph released for publication in the following:

Newspaper **RELC Website** **RELC Facebook page**

Communication App (daily reports) **Displayed in Classroom/RELC Hallways**

Signature (Parent/Legal Guardian) _____ Date _____



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ALL ABOUT ME!

I like to be called: _____

My pets are a part of my family too:

My family loves to do things together like:

My favorite toy is: _____

My favorite book is: _____

I love to go to: _____

Something you should know about me is: _____

My family religion is: _____

The church we attend is: _____

I was baptized on: _____ at: _____

*If I was not baptized, I am interested in learning more about baptism: Yes No

I do not like: _____

When I am frustrated I: _____

When upset I can be calmed down by: _____

*Please send a family photo when turning in paperwork



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OTHER INFORMATION:

Is there anything else you would like us to know about your child/family (cultural or religious traditions, special instructions, etc.)?

Did your child have any serious complications at birth? YES NO

If yes, please describe

What other childcare situations has your child experienced?

How does your child act when you have to leave him/her? What do you find is best to say at these times?

Do you have any concerns about any of your child's routines (sleeping, eating, etc.)?

Signature (Parent/Legal Guardian) _____ **Date** _____



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PARENT CONTRACT

Please read and initial each line

- I understand that RELC does not discriminate based on sex, race, color, national origin, or handicap in the educational programs or activities which it operates.
- I understand that only prescription medication will be dispensed to my child. I agree to provide written authorization which includes date, child's name, name of medication, prescription number, dosage, date, and time of day medication is to be given. Medicine will be in its original container with my child's prescription number and name clearly labeled on all items. I will also provide any measuring items for said medication. I agree to ONLY bring prescription medication that is required during the times child is in care (ie., if medication is to be taken 2 times a day those two times can be done at home and not at RELC).
- I understand that my child will not be allowed to enter or leave the facility without being escorted to and from the classroom by the parent(s)/legal guardian, authorized pick up person, or facility personnel.
- I agree that when my child enters or leaves the facility they will be monitored by pick-up/drop-off person. The pick-up/drop-off person will have full responsibility of my child while within the RELC building. I agree to take my child to their classroom (unless a staff person specifies otherwise) and not leave them anywhere else in the building (bathroom, office, wrong classroom) without knowledge and acceptance of a staff member.
- I acknowledge it is my responsibility to keep my child's record current to reflect any significant changes as they occur (i.e. telephone numbers, e-mail addresses, work location, emergency contacts, child's physician, child's health status, feeding plans, immunization records, etc.).
- RELC agrees to keep me informed of incidents, including illnesses, injuries, adverse reactions to medications, or exposure to communicable diseases, which affect my child. This information will be communicated via telephone, e-mail, letter sent home, communication app, at a parent board, or posted outside the classroom.
- RELC agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water more than two (2) feet deep.
- I received a copy of the Parent Handbook and agree to abide by the policies and procedures for Rosebuds Early Learning Center
- I received a copy of the Center's Emergency Preparedness Plan
- I understand that if the times that my child will be in attendance will change, I will need to give the center 2 weeks' notice so that they may alter staffing patterns. If my child's start time is not regularly before 7:00 a.m; I understand that I may not bring my child to the center before 7:00 a.m. unless arrangements have been made with the director. If for any reason I choose not to start on the date provided, I must give **two weeks written** notice or I will be charged for two weeks of care for my child. I also agree that if I decide to withdraw my child or make a change to the days or times that my child will be attending the program, I will give **two weeks written** notice or be billed for and responsible for the equivalent hours. I understand that the \$100.00 registration fee per child is non-refundable, regardless of my child's attendance.

Signature (Parent/Legal Guardian) _____ Date _____



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FINANCIAL AGREEMENT

Please read and initial each line

Rosebuds Early Learning Center is a not-for-profit ministry. We continually strive to provide the absolute best care and education for your child at competitive rates. The following is a description of our financial policy:

REGISTRATION FEE

_____ A \$100.00 registration fee is due at the time of enrollment to reserve a space. The registration fee is non-refundable. The registration fee must be paid via Brightwheel. The \$100.00 fee reserves a space for up to 30 days prior to enrollment. Any additional time needed requires additional fees and approval from the Director.

TUITION FEE

_____ Tuition is charged weekly. You may choose to pay ahead on the Brightwheel app. Tuition is due Fridays for the following week. **I understand full tuition is due even if my child is not in attendance due to illness, vacation, holidays, or inclement weather.**

_____ One week of unpaid tuition per calendar year (Jan. 1 – Dec. 31) may be used. **This is a one-week period where your child is not in attendance for the entire week.** Please notify the Director at minimum two-weeks in advance if you would like to take your annual unpaid tuition week.

_____ Payments must be made through the Brightwheel app. We do not accept cash or checks.

LATE PAYMENT FEE

_____ Tuition is paid weekly through the Brightwheel application and is due each Friday for the preceding week. If tuition payments are not paid by Monday, and no arrangements with the Center Director have been made, a \$30.00 late payment fee will be added to the child's billing account. To avoid suspension of care, late payment fee must be paid immediately.

SUPPLY FEE

_____ A \$50.00 supply fee is due for each child enrolled in RELC. This amount will be prorated for new families. The supply fee is due by September 15th each year.

LATE PICK-UP FEE

_____ If I arrive after 6:00 p.m. (by RELC's clock), a late fee of \$5.00 per minute will be applied

_____ If there is a late pick-up, the fee will be invoiced the following day and is to be paid immediately.



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WITHDRAWAL FROM THE CENTER

_____ In the event my child(ren) must withdraw from the Center, I must notify the Center in writing two (2) weeks prior to my child(ren)'s last day. The weekly fee must be paid in full during this period, regardless of attendance. A voluntarily dis-enrolled child cannot be re-enrolled until after six weeks has elapsed.

PAYMENT SCHEDULE

Please Acknowledge that you will be responsible for a weekly payment of _____ (enter amount)

I agree to the terms of the Weekly Payment Plan

PAYMENT OPTIONS

Please choose one payment option.

- Automatic Withdrawal from credit/debit card (2.9% processing fee will be applied)
- Automatic Withdrawal from checking (.65 cent processing fee will be applied)
- Manual Withdrawal from credit/debit card (2.9% processing fee will be applied)
- Manual Withdrawal from checking (.65 cent processing fee will be applied)

I have read the Rosebuds Early Learning Center Financial Agreement. I agree to and will abide by the terms and conditions.

Signature (Parent/Legal Guardian) _____ **Date** _____



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PARENT CONDUCT AGREEMENT

Rosebuds Early Learning Center is committed to exceeding customer expectations. To have a positive experience, positive relationships must develop between the Director, teachers, parents, supporting staff, and children. By enrolling at RELC, the parent and organization commit to working together to provide an ideal space for children to grow, learn, and develop. Achieving this ideal space is not only the responsibility of the employees of RELC but is the responsibility of every parent or adult who enters our Center. All adults within RELC are required to behave in an appropriate manner.

The following behaviors will not be tolerated anywhere on the RELC property:

- Threats
- Swearing/Cursing/Inappropriate language
- Dissensions
- Physical/Verbal punishments of your child or other children
- Illegal actions
- Smoking
- Confrontational interactions
 - We understand you may not always agree with RELC employees. It is expected that all disagreements be handled in a calm and respectful manner
- Rudeness
- Any inappropriate behaviors that do not promote a positive, nurturing learning environment
- Violations of Safety Policy

Should this agreement be violated in any way, Rosebuds Early Learning Center has the right to terminate enrollment, without notice.

Signature (Parent/Legal Guardian) _____ Date _____