



An Early Childhood Education Center

# Enrollment Packet

Thanks for your interest in Young Minds Development Center!

These are the steps to enroll your child!

- 1) Complete the Enrollment Packet and bring it with you before your child's first day.
- 2) Read and sign off on the Parent Handbook.
- 3) Schedule a start date for your child with the director.

This Packet Includes the following forms to complete:

- o Children & Parent/Guardian Information
  - o Medical Information
- o Authorized Pick Up List & Emergency Contacts
  - o Parent Questionnaire
  - o Verification of Age and Consent to Report
- o Health Record (must be turned in within 30 days of enrollment)
  - o USDA/CACFP Food Program (for all families)

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_

Thank you for choosing Young Minds Development Center! 😊



**ENROLLMENT PACKET**

**Child's Information**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Present Age \_\_\_\_\_ Gender \_\_\_\_\_

Verification Document \_\_\_\_\_ (Please enclose copy of Birth Certificate)

Street Address \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parent/Guardian Information**

	<b>First Parent</b>	<b>Second Parent</b>
<b>Relationship:</b>	<b>Mother/Father</b>	<b>Mother/Father</b>
<b>Name:</b>	_____	_____
<b>Street Address:</b>	_____	_____
<b>City/State/Zip:</b>	_____	_____
<b>Cell Phone:</b>	_____	_____
<b>Cell Phone Carrier:</b>	_____	_____
<b>Email Address:</b>	_____	_____
<b>Employer Name:</b>	_____	_____
<b>Employer Phone:</b>	_____	_____
<b>Work Hours:</b>	_____	_____
<b>Additional Phone #:</b>	_____	_____
<b>Driver's License #:</b>	_____	_____



## Medical Information

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\*Child's Allergies/Medication(s)

\_\_\_\_\_

\*\*Chronic Health Conditions

\_\_\_\_\_

\* An allergy/asthma plan must be on file in the Young Minds Development Center Inc.

\*\* An individual health plan must be on file in the Early Learning Center office.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

- Parent or Guardian must take responsibility for updating this information valid for one year.

Are your Child's immunizations up to date? Yes ( ) No ( )

If no please explain: \_\_\_\_\_

\_\_\_\_\_

*Note: attach a copy of immunization record*



### Child's Health History

Does child have any known health problems? Yes ( ) No ( ) (If yes attach documentation)

Check (v) any of the following illnesses the child has had:

- Asthma Earaches Mumps Whooping Cough Bronchitis Eczema Pneumonia Polio Chicken Pox
- Frequent Colds Croup Convulsions Measles Influenza Rheumatic Fever Diphtheria
- Other: \_\_\_\_\_

Please list any injuries child has had: \_\_\_\_\_

Does your child have any know allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions: \_\_\_\_\_

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes, please list the name of the medication(s) and the medical condition for which it is taken:

Do you have any concerns about your child's development? Yes ( ) No ( ) If yes, please comment:

Please comment on any other medical information/ or special need the child care provider should be aware of: \_\_\_\_\_

I authorize the child care provider/staff to obtain the following services for this child if necessary: Public Health Nurse, Physician and or Ambulance in the event of an Emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/ guardian)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Authorization and Consent

By initialing the following statements, you are stating that you are the parent or legal guardian of the minor child named below.

Please Initial

\_\_\_\_\_ **Authorization for Medical Treatment of a Minor** – I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby give permission to the staff of Young Minds Development Center Inc. to provide/or secure medical care for my child. I also give permission to have my child transported to St. Joseph Regional Medical Center or another hospital in the event of a medical emergency. I understand that the staff members and providers are trained in the basics of first aid/CPR and I authorize them to give my child first aid/CPR when appropriate.

\_\_\_\_\_ **Liability Release for Services Provided Outside of Young Minds Development Center Inc.** – I release and do not hold Young Minds Development Center staff or owner responsible for any accident or liability that could occur outside the center. I also agree not to solicit the staff of Young Minds Development Center for other employment opportunities.

\_\_\_\_\_ **Photo Release** – I agree to allow photographs, video recordings, or other sound/image media recordings of my child appear on the Young Minds Development Center website, Facebook page, or other lawful avenues used for publicity or advertising.

\_\_\_\_\_ **Authorized Pick Up** – Children will only be released by the Young Minds Development Center staff to a parent or guardian that is listed on the authorized pick up list. I understand that I must let the director know in advance if someone who is not on the authorized pick up list will be picking up my child. I understand that I must use the provided fingerprint system to check my child in and out every day.

Name of Child: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Questionnaire

## Child Information

Child's Full Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Name Child is Called \_\_\_\_\_ Gender: \_\_\_\_\_

All people currently living in the child's household:

Name	Relation to Child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe child's previous child care experience  
\_\_\_\_\_  
\_\_\_\_\_

**Developmental History:** (premature birth, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Languages spoken in the home \_\_\_\_\_ Primary Language \_\_\_\_\_

Any difficulties in speaking? \_\_\_\_\_ If yes, explain \_\_\_\_\_

### Toilet Training (circle)

Child wears:            Diaper            Pull-up            Training Underwear            Underwear

Child uses the toilet:    Always            Urine            BM            Never

Other comments/instructions on Toilet Training:  
\_\_\_\_\_  
\_\_\_\_\_



## ENROLLMENT PACKET

Dear Parents/Guardians,

We have gone paperless! Our center is now using an online school to parent communication site called Daily Connect! With this new program, you will be receiving daily emails containing a detailed description of how your child's day went. Our teachers will include what play time consisted of, what the children learned about during circle time, the duration of their naps, their behaviors, and even what they ate!

These emails will be sent out by the lead teachers in each classroom when they leave for the day. To receive message updates in real time, throughout the day, consider creating an account with Daily Connect, either online or through their app for smart phones.

We use this system in all our classrooms for the benefit of our students. Please make sure to provide us with the email you most frequently check so that we may keep you up to date on your child's developmental progress. Our teachers also use Daily Connect to send reminders about particular goings on around the center so stay tuned! 😊

For more information, please visit [www.dailyconnect.com](http://www.dailyconnect.com) or talk to the director or lead teacher in your child's classroom.

Parent's Email: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

### Fee Schedule

Program	1-2 years old	3-5 years old	School Age	School Age Summer
Full Time	\$266 per week	\$199 per week	\$193 per week	\$206

**School Operation Hours: 6:00am until 6:00pm**

Other Fees	
Registration	\$40
Returned Check	\$30
Late Pick-Up	\$1/min
Late Payment (not by Tuesday)	\$10
Late Payment (not by Thursday)	\$15

#### Meals:

Healthy, nutritious meals are provided daily and are included with tuition. Meals include breakfast, lunch and two snacks morning and afternoon.

#### Additional School Age Payment:

Snow days/Parents Day Out- Additional \$15 per day.

#### Holiday/ Days Off Schedule & Policy

-YMDC will be closed on the following holidays/days (or closest weekday if the holiday is on a weekend):

- New Years Day
- Christmas Day
- Memorial Day
- Labor Day
- July 4<sup>th</sup>
- Thanksgiving Day
- Professional Development Day

-Professional development days will be built into each school year's calendar (with plenty of notice)

-YMDC will have early dismissal days on the days of the Christmas Program, Preschool Graduation, and any other program to provide time for setup. These days will also be on the yearly school calendar.

-The regular tuition is still due during these holiday weeks.

- The holiday schedule is subject to change with notice to parents.





**ENROLLMENT PACKET**

According to Indiana law, Young Minds Development Center must verify each child's birth date. As part of that law, we must also report the names of the children that enroll or withdraw from the center.

**Proof of Age** – We require this from all children.

Please provide a copy of your child's birth certificate to the director with your enrollment packet. If you do not have a copy of your child's birth certificate, our office can make a copy and return the original to you.

Child's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

**For Office Use Only**-----

Proof of Birth Date Provided (Birth Certificate)	YES	NO	
Copy Placed in File	YES	NO	
Original Document Returned	YES	NO	N/A