



Hartley Nature Preschool

Enrollment Information Form 2017-18

Preschool Service Contract and Parent Handbook Agreement

_____ (child's name) will attend Hartley Nature Preschool for the following class for the 2017-18 preschool year: Mon/Wed Full Day Tues/Thurs Full Day Fri morning

Mon/Wed/Fri AM Mon/Wed PM Tu/Th AM Tu/Th PM

By signing below, I am indicating that I agree to the contracted days of enrollment. I understand that I am responsible for payment of contracted fees for the entire preschool year and that tuition payments are due on the first of each month.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

By signing below, I am indicating that I have read, understand, and agree to abide by all of the policies and procedures described in the Hartley Nature Preschool Parent Handbook including hours and days of operation, school breaks, late pick up fees, withdrawal from HNP, health policies and sick child policies, required paperwork, walking field trips, nature play activities, and all other policies.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name



Please tell HNP more about your child and your family

What languages are spoken at home? _____

Can English be used for all preschool communications? Yes No

If no, what language would you prefer? _____

What are your child's special interests? _____

Do you or your family members have any areas of expertise, hobbies, or passions that you would like to share with the children and staff (i.e. by coming in to do a presentation or an activity)?

HNP will make every effort to meet the needs of all children enrolled in our program. If you believe your child may have special needs which will require additional planning or preparation on HNP's part, please indicate below. If available, please provide a copy of your child's IEP/ICCP (special education or medical plan).

Has your child had any previous preschool experience? Yes No If yes, please tell us more about his/her experience: _____

Please tell us about your family's traditions and customs. _____

Would you like to schedule an orientation meeting with your child's teachers to discuss your preferences for preschool including preferences related to family traditions and customs? Yes No

For full day children only, please describe your child's napping habits and/or your expectations for napping/rest time: _____

Is there any other information you would like to share with HNP about your child and/or your family at this time? _____

Parent Signature: _____ **Date:** _____

Dietary and Medical Needs

- My child has no known allergies, medical needs, or dietary restrictions.
- My child has mild allergies/sensitivities or special dietary needs . *Provide more information as necessary.*
- My child has medical needs that require an Individual Child Care Plan (i.e. asthma, seizures)**.
- My child has severe allergies that require an Individual Child Care Plan**.

****If your child has a severe or life-threatening allergy or medical condition, please contact the Preschool Director for a supplemental Individualized Child Care Plan to be completed by your health care provider. Parents and HNP staff will work together to make a plan for your child's care based on the plan provided by your child's health care provider.**

Parent/Guardian Initials: _____

Reporting Medical and Dental Care

I understand that any emergency situation will be reported to my child's medical and/or dental provider. For example, an injured limb with a deformity would be reported. I understand that I must report any accident, injury, or illness that requires my child to visit his/her medical provider or dentist to HNP staff within 24 hours (exclusive of weekends and holidays). HNP staff is required to report this information to the MN Department of Health and Human Services, Division of Licensing.

Parent/Guardian Initials: _____

Water Bottle Use

My child can use their own water bottle, brought from home, for snack time. I will regularly clean and sanitize my child's water bottle and fill it daily with fresh water for snack time.

Parent/Guardian Initials: _____

Animal and Pet Permission

I understand that Hartley Nature Center is the home to a variety of educational animals including snakes, turtles, and frogs and that my child will have opportunities to interact with these animals in the preschool classroom or in the Nature Center exhibit hall. I understand that Hartley Nature Preschool may also choose to have a classroom pet, such as a hamster or gerbil. I give permission for my child to interact with these animals in a supervised environment. I understand that my child may be exposed to wild animals while playing outdoors.

Parent/Guardian Initials: _____

Observation Permission

I understand that HNP welcomes area college and graduate students into the preschool program to observe students as a whole class, teach practice lessons, or to complete a student teaching experience. Written permission will be obtained from parents/guardians before children participate in a specific research study.

Parent/Guardian Initials: _____

Information Release

I give permission for my child's name and family contact information (parent name(s), email(s), and phone number(s)) to be listed in a HNP family directory: Yes No

Parent/Guardian Initials: _____

Photo/Video Permission

I give permission for my child's* (check all that apply): *Children's full names will not be used.

Photo Video Image Work samples (i.e. artwork, writing)

To be included in (check all that apply):

Hartley Nature Preschool or Hartley Nature Center publications (i.e. newsletters, brochures)

Hartley Nature Center/Hartley Nature Preschool websites

Hartley Nature Center/Hartley Nature Preschool Facebook pages

Public relations use (i.e. for story in newspaper or TV news)

I understand that my child's photo *will* be included in the daily email seen only by families in our class.

Parent/Guardian Initials: _____

Walking Field Trip Permission

I understand that my child will regularly participate in walking field trips on the grounds of Hartley Park and Hartley Nature Center while enrolled in Hartley Nature Preschool for the purposes of nature study and play.

Parent/Guardian Initials: _____

Permission to Transport in an Emergency

I give permission for my child to be transported in the case of an emergency, such as an evacuation.

Parent/Guardian Initials: _____

I have carefully read the information included in this Enrollment Form. I understand the above information. I have indicated my consent and authorization where applicable.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Please contact Preschool Director Kaitlin Erpestad at psdirector@hartleynature.org or Maria Hopkins at mhopkins@hartleynature.org or 218-724-6735 with any questions or concerns about the information contained in this Enrollment Form.

