



Hartley Nature Preschool

Enrollment Information Form 2020-21

Preschool Service Contract and Parent Handbook Agreement

My child _____ (child's name) will attend the following HNP class(es) for the 2020-21 preschool year:

Mon/Wed Full Day Tues/Thurs Full Day Fri morning class

Mon/Wed/Fri AM Mon/Wed PM T/Th AM T/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

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.

I understand that policies and procedures are subject to change at any time due to COVID-19.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Please return all enrollment forms by **August 14th** electronically to mhopkins@hartleynature.org

OR

By mail to
Hartley Nature Center
3001 Woodland Ave.
Duluth, MN 55803



Please tell HNP more about your child and your family

What languages are spoken at home? _____

What cultures are most important to your family's identity? _____

Can English be used for all preschool communications? Yes No

If no, what language would you prefer? _____

How do you prefer to receive communication from preschool? Email Phone Mail In person

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 us 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 special dietary needs that DO NOT include an allergy.

Non-allergy dietary need/intolerance: _____

- My child has allergies that are MILD** SEVERE**

Allergy: _____

- My child has medical needs that require an Individual Child Care Plan (i.e. asthma, seizures).

Special medical need: _____

****A allergy action plan for any mild or severe allergy and/or an ICCP for any special medical needs MUST be on-file BEFORE your child may start preschool. Please contact HNP for an allergy action plan or medical care plan or find one on our website. Parents and HNP staff will work together to make a plan for your child's care based on the plan provided by you and your child's health care provider.**

Parent/Guardian Initials: _____

Reporting Medical and Dental Care

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). For example, an injured limb requiring a cast or a cut requiring stitches would be reported. HNP staff is required to report this information to the MN Department of Health and Human Services, Division of Licensing.

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

Yes, I give permission for my child's photo and video image to be used in:

- 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)

No, I do not give photo and video permission for my child.

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

Parent/Guardian Initials: _____

Half Day and Friday Morning Class No Nap Acknowledgement

I understand that half day preschool classes and the Friday Morning Class do not have a nap or rest time as part of their program plan/daily routine and that my child will not nap during the school day while enrolled in a Hartley Nature Preschool half day class or Friday Morning Class.

Parent/Guardian Initials (for Half Day and Friday Morning Classes Only): _____

Walking Field Trip Permission

I understand that my child will participate in daily 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: _____

I have read and understand the information included in this Enrollment Form. 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 218-724-6735 with any questions or concerns.

