



Hartley Nature Preschool

Enrollment Information Form 2022-23

Preschool Service Contract and HNP Policy Agreements

My child _____ (child's name) is enrolled in the following HNP class(es) for the 2022-23 preschool year: Mon/Wed Full Day Tues/Thurs Full Day Forest Fridays

Mon/Wed/Fri AM Mon/Wed PM Tues/Thurs AM Tues/Thurs PM Mon—Thurs 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 1st/15th of each month if I am paying monthly.
- I have read, understand, and agree to abide by all of the policies and procedures described in the Hartley Nature Preschool Parent Handbook, COVID polices, and all other enrollment documents.
- I understand that policies and procedures are subject to change at any time.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

All HNP families are required to be members of Hartley Nature Center. Please go to the [HNC website](#) to register for an account and purchase a membership. Indicate your membership status below:

- My family has a current membership. The membership expires on _____
- I have purchased a membership [online](#). Transaction # _____
- My family qualifies for a \$25 scholarship membership. Contact Kaitlin at psdirector@hartleynature.org for directions to purchase a scholarship membership.

Please return all enrollment forms by **August 1st**

electronically to:
mhopkins@hartleynature.org

OR
by mail or in person to:
Hartley Nature Center
3001 Woodland Ave.
Duluth, MN 55803



Allergies and Dietary Needs

- My child has no known allergies 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: _____

****A allergy action plan for any mild or severe allergy MUST be on-file BEFORE your child may start preschool. Please download allergy action plans from our [website](#) or contact Hartley for a copy. HNP staff will work with you to make a plan for your child's care based on the plan.**

Parent/Guardian Initials: _____

IEP/IFSP/ISP/504, Special Medical Needs, Special Education Needs

- My child does not have an IEP/IFSP/ISP/504, special educational need, or special medical need.
- My child has an IEP/IFSP/ISP/504 for: _____
- My child has special education need or developmental disability.
Special need or disability: _____
- My child has medical needs (i.e. asthma, seizures).
Special medical need: _____

****An ICCP for any IEP/IFSP/ISP/504, special education need, and/or special medical need and a copy of any IEP/IFSP/ISP/504 MUST be on-file BEFORE your child may start preschool. Please download ICCP plans from our [website](#) or contact Hartley for a copy. HNP staff will work with you to make a plan for your child's care based on the plan.**

Parent/Guardian Initials: _____

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)?

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

Will your child be attending any other home or center child care and/or preschool program this year? Yes No
If yes, what is the name of the program: _____

For full day children only, please describe your child's napping habits: _____

Is there any additional information you would like to share about your child and/or your family at this time, such as who lives with your child? _____

Permissions and Acknowledgements

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 and turtles and that my child may have opportunities to interact with these animals during preschool. 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 or dogs belonging to park visitors 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: _____

Half Day and Forest Fridays No Nap Acknowledgement

I understand that half day preschool classes and Forest Fridays 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 on Forest Fridays.

Parent/Guardian Initials (for Half Day and Forest Fridays 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: _____

Carpooling/Ridesharing

Would you like to be connected with other families in your child's class(es) to discuss carpooling/ridesharing to and/or from Hartley?

Yes No

Family Directory Release

I give permission for my child's name and family contact information, including parent/guardian 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/or 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: _____

Please share a bit about your family's cultures and customs.

What languages are spoken in your home: _____

Can English be used for all preschool communications? Yes No

If no, what language would you prefer? _____

Is email an acceptable method for your family to receive regular communication from HNP, such as the Daily Email or COVID policy updates? Yes No

If no, what method of communication would you prefer? _____

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

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

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

Parent/Guardian Signature Required:

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: _____

