

EarlyVentures Learning Center Contract for Services School Year 2011-2012

(For summer enrollment, see separate contract)

Anticipated Start Date: _____

PLEASE ATTACH A \$40 NON-REFUNDABLE CHECK, a completed Contract for Services form and tuition for the first weeks care for each child enrolled. Please make checks payable to **EarlyVentures**. RETURN TO: EarlyVentures Site Leader Tami Brings. Call 507-645-1216 or 507-645-1222 with questions or if more information is needed. *Once this contract is received, a two week notice will be required for any schedule changes or withdrawal from the program.*

Please complete ALL information.

Child's Name:	Nickname:	Birthdate:
	Parent/Guardian #1	Parent/Guardian #2
Name		
Home Address		
City, State, Zip		
Employer Name		
Home (H) Work (W) Phone	H: W:	H: W:
Cell Phone (C) &/or Pager (P)	C: P:	C: P:

Requires 2 sessions per week with same number of days & consecutive hours per week.

***EarlyVentures will not be held liable during transportation between Open Door Preschool and EarlyVentures.**

<p><u>Infant Set Schedule (*6 wks-15 mo)</u></p> <p>___ Full Time Session (5+ hrs/day) \$40</p> <p>(Circle): M T W TH F</p> <p>Time: _____ to _____</p>	<p><u>Toddler Set Schedule (*16 mo-48 mo)</u></p> <p>___ Full Time Session (5+ hrs/day) \$35</p> <p>(Circle): M T W TH F</p> <p>Time: _____ to _____</p>	<p><u>Preschool Set Schedule (*48 mo-5 yrs)</u></p> <p>___ Preschool Wrap Around (0-5 hrs/day) \$26</p> <p>(Circle): M T W TH F Time: _____ to _____</p> <p>___ Full Time Session (5+ hrs/day) \$33</p> <p>(Circle): M T W TH F Time: _____ to _____</p> <p>Please list your Hand in Hand or Open Door Preschool Schedule:</p> <p>(Circle): M T W TH F Time: _____ to _____</p>
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***Age range is approximate. Age room placement will be determined by center staff during the course of the year.**

Child lives with: Mother/Father: _____ Mother: _____ Father: _____ Other: _____
(please list)

Other children/adults in household: (name, age, relationship)

Billing statements should be mailed

to: _____

I receive daycare assistance: _____ Yes _____ No We need a letter of verification before you can start.

What type _____

Name of Person (s) Authorized to pick up/call child (other than parents):

(name) (address) (phone)

(name) (address) (phone)

Name of person(s) NOT authorized to pick up/call child (this cannot include a parent unless we have a court order): _____

IS THERE A COURT ORDER REGARDING THE ABOVE PERSON? _____ YES _____ NO
CHILD'S FILE MUST CONTAIN A COPY.

EMERGENCY PERMISSION:

IN THE EVENT OF AN EMERGENCY OR ILLNESS, IF EARLYVENTURES LEARNING CENTER IS UNABLE TO CONTACT YOU OR A PERSON AUTHORIZED BY YOU, EARLYVENTURES LEARNING CENTER HAS YOUR PERMISSION TO SEEK IMMEDIATE MEDICAL ASSISTANCE. BEYOND THIS, EARLYVENTURES LEARNING CENTER OR ISD#659 WILL NOT BE HELD LIABLE.

Parent/Guardian Signature: _____

Child's Regular Source of Medical Care:

Doctor: _____
(name) (address) (phone)

Dentist: _____
(name) (address) (phone)

Insurance Provider: _____

Member ID#: _____

SOURCE OF MEDICAL AND DENTAL CARE TO BE USED IN CASE OF AN EMERGENCY:

(Hospital name, address, phone)

(Dental name, address, phone)

FOR CHILDREN SIX WEEKS TO 36 MONTHS, PLEASE DESCRIBE YOUR CHILD'S EATING, SLEEPING, TOILETING, AND COMMUNICATION HABITS, AND EFFECTIVE METHODS FOR COMFORTING YOUR CHILD. IF NEEDED CONTINUE ON BACK SIDE.

PLEASE DESCRIBE YOUR CHILD IN A FEW WORDS:

HAS YOUR CHILD ATTENDED ANY OTHER PRESCHOOL OR DAYCARE? _____ YES _____ NO

WHAT EXPERIENCE HAS YOUR CHILD HAD WITH GROUPS OF CHILDREN?

SPECIAL INTERESTS OR FAVORITE ACTIVITIES OF YOUR CHILD:

SPECIAL NEEDS OF YOUR CHILD (ALLERGIES, SPECIAL DIET, ETC):

WALKING TRIPS:

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN TRIPS THAT ARE WITHIN WALKING DISTANCE OF THE CENTER.

PARENT/GUARDIAN

SIGNATURE _____ DATE _____

THE UNDERSIGNED REQUESTS ADMISSION FOR THE ABOVE CHILD AND HEREBY AGREES TO THE TUITION AND POLICIES INDICATED IN THE CENTER'S PARENT HANDBOOK.

(Parent/Guardian signature and date)