

# RoseBuds

EARLY LEARNING CENTER

## Child Enrollment Form

2024 – 2025 School Year

### Address:

6875 Jamaica Ave. South  
Cottage Grove, MN 55016

### Phone Number:

(651) 459 – 4526

### Website:

[www.rosebudselc.com](http://www.rosebudselc.com)

### Administration:

Center Director: Kayla Moelter [director@rosebudselc.com](mailto:director@rosebudselc.com)

Assistant Director: Rian Resendez [assistant.director@rosebudselc.com](mailto:assistant.director@rosebudselc.com)



"Train up a child in the way he should go; even when he is old, he will not depart from it."  
Proverbs 22:6

**Administration Only:**

Classroom assignment: \_\_\_\_\_ Start: \_\_\_\_\_

Are there any known allergies? \_\_\_\_\_

Are there any medical/developmental concerns? \_\_\_\_\_

If so- please complete ICCPP form and obtain documentation.

Photography release?      Yes                  No

**General Information**

How did you hear about Rosebuds Early Learning Center?

Referred By: \_\_\_\_\_  Sign/Banner  Website  Facebook  Other: \_\_\_\_\_

Is there anything that you would like us to know about your child/family (cultural or religious traditions, special instructions, etc.)?

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Has your child been in a licensed childcare center previously? \_\_\_\_\_

If so, where else have they attended and why did you leave?

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## Child Information

Child's full name (first, middle and last): \_\_\_\_\_

Other names that your child prefers to be called: \_\_\_\_\_

Child's birthdate (MM/DD/YEAR): \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Current home address: \_\_\_\_\_

Child's start date at Rosebuds Early Learning Center: \_\_\_\_\_

Days and hours your child will be in attendance (please check all that apply)

Monday  Tuesday  Wednesday  Thursday  Friday

Daily arrival time: \_\_\_\_\_ am / daily departure time: \_\_\_\_\_ pm

## Parent/guardian information

Family status:

Married/living together  Divorced  Single  Other: \_\_\_\_\_

Who has legal custody of the child? \_\_\_\_\_ \*must supply court order.

Which parent of guardian do you prefer that we call first? \_\_\_\_\_

## Contact Information

	Parent/Guardian 1	Parent/Guardian 2
Name		
Relationship to Child		
Home Address (If different than above) City, State & Zip		
Contact phone #		
Email Address		
Employer		
Business Address City, State & Zip		
Business phone #		

Others living in the home:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### Emergency contacts & additional pick-up persons:

Please list a minimum of two local people who have permission to pick up, transport, and make emergency medical decisions regarding your child(ren) (must be 18 years of age or older & cannot be a parent):

Name		
Relationship to child		
Home address		
City, State & Zip		
Cell phone number		
Work phone number		

Names and telephone numbers of any persons authorized to take the child from the center:

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

Please notify us any time someone else is picking up your child. **If their name is not on our list and we have no other instructions in writing from you, we will not allow them to leave with your child.**

Is there anyone who MAY NOT pick up your child?  Yes  No

Name \_\_\_\_\_ Court Order?  Yes  No

Name \_\_\_\_\_ Court Order?  Yes  No

**PLEASE NOTE: A copy of the court decision must be on file for the school to not release a child to his/her non-custodial parent.**

## Health information

Does your child have any known allergies? Yes No

Does your child have any medical concerns? Yes No

Is your child on any medications? Yes No

Has your child had any major surgeries that we need to know of?

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## Healthcare contacts

Primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic address: \_\_\_\_\_

Street City State Zip

Family dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Preferred hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

## Emergency care permission

In the event of an emergency involving my child, \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Rosebuds Early Learning Center to secure any necessary medical care and attention- including the service of first responders and transportation to the nearest hospital. I agree to inform Rosebuds of changes to phone numbers and addresses of where I can be reached in the event of an emergency. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child and the hold Rosebuds harmless and release Rosebuds employees, management, representatives, or any other person affiliated with the company from all liability. Rosebuds agrees to keep me informed of any incidents requiring first aid or the services of first responders. Lastly, I give permission for Rosebuds to release confidential medical information for my child and provide my contact details to emergency responders, the Department of Human services- child care licensing division, and healthcare professionals upon request.

\_\_\_\_\_  
Signature of legal guardian

\_\_\_\_\_  
Today's date

## Health insurance information

Insurance information is optional but is useful in the event of an emergency.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy holder: \_\_\_\_\_ Policy number: \_\_\_\_\_

## Developmental History

Has your child had any of the following:

- |                                        |     |    |
|----------------------------------------|-----|----|
| ▪ Premature or complications at birth? | Yes | No |
| ▪ Convulsions/seizures?                | Yes | No |
| ▪ Heart condition?                     | Yes | No |
| ▪ Diabetes?                            | Yes | No |
| ▪ Difficulty breathing?                | Yes | No |
| ▪ Frequent illnesses?                  | Yes | No |
| ▪ Speech delays?                       | Yes | No |
| ▪ Hearing or vision concerns?          | Yes | No |
| ▪ Diagnosed developmental delays?      | Yes | No |
| ▪ Undiagnosed developmental concerns?  | Yes | No |
| ▪ Behavioral problems or concerns?     | Yes | No |

Please provide any additional information regarding your child's development and any special accommodation that may be needed.

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## Field trip (Walking) permission

Exposure to outdoor play and exploration is important for your child's development and mental health. There are times during the year that your child will have the opportunity to participate in a walking field trip around the grounds of Rosebuds and to nearby parks. This is a wonderful way to introduce the children to nature while building connections between curriculum and the community. Children will not be walking alongside or across any highways or busy streets. Children under the age of two will be transported via strollers or wagons. Older children will walk alongside their classroom teachers while holding onto a rope with handles.

I give my permission for my child to accompany his/her class on all walking field trips planned and supervised by Rosebuds employees. I understand that teachers will ensure a safe walking route and supervision to and from the center. I understand that no such field trip will take place without a safe staff-to-child ratio.

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

## Non-prescription medication

All over the counter (OTC) products require parental permission for administration. However, some of these external products do not need to be documented with a medication form every time it is used for your child. The following is a list requiring parental permission only with no documentation. Products are provided by parents; however, we have extra supplies if they are needed. All OTC medication that is taken orally requires a doctor's note with the child's name and specific instructions on dosage. OTC medication also requires a medication form to be filled out.

Child's full name: \_\_\_\_\_ Birthday: \_\_\_\_\_

I give RELC permission to apply one or more of the following external products to my child in accordance with the manufacture instructions on the label of the container:

- \_\_\_\_\_ Diaper wipes
- \_\_\_\_\_ Diaper creams, ointments
- \_\_\_\_\_ Skin lotions/creams/Vaseline; specify if special brand: \_\_\_\_\_
- \_\_\_\_\_ Soap; specify if special brand: \_\_\_\_\_
- \_\_\_\_\_ Sunscreen; specify if special brand: \_\_\_\_\_
- \_\_\_\_\_ Insect repellants; specify if special brand: \_\_\_\_\_
- \_\_\_\_\_ Lip balm
- \_\_\_\_\_ Chemical hand sanitizers
- \_\_\_\_\_ Other; please specify: \_\_\_\_\_

Any items brought to school must have your child's first and last name written on the bottle.

\*Unused product?     Return to parents     Discard Appropriately

**Signature (Parent/Guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_

## Photography & Video Release Form

Periodically, we may utilize photographs and videos in various ways at Rosebuds Early Learning Center. Photos may be taken by professional photographers or school staff. Please sign below and indicate whether you agree to have your child's picture, or a video utilized or not. We will NOT include names with child's photographs & videos.

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

I **agree** to have my child's photograph released for all publication and social media.

I **decline** to have my child's photograph released for publication in the following:

- Newspaper     RELC Website     RELC Facebook page
- Communication App (daily reports)     Displayed in Classroom/RELC Hallways

**Signature (Parent/Guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_

## All About Me!

My name is: \_\_\_\_\_ but I like to be called: \_\_\_\_\_

My pets are a part of my family too: \_\_\_\_\_

My family loves to do things together like:

\_\_\_\_\_

My favorite toy is: \_\_\_\_\_

My favorite book is: \_\_\_\_\_

I love to do this too: \_\_\_\_\_

Something you should know about me is:

\_\_\_\_\_

My family religion is: \_\_\_\_\_ Church: \_\_\_\_\_

I was baptized on: \_\_\_\_\_ Location: \_\_\_\_\_

\*If I was not baptized, I am interested in learning more about baptism:  Yes  No

These are the things I do not like: \_\_\_\_\_

Ways that I show my frustration: \_\_\_\_\_

When upset I can be calmed down by: \_\_\_\_\_

\*Please send a family photo when turning in paperwork

Is there anything else you would like us to know about your child/family (cultural or religious traditions, special instructions, etc.)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Sleeping information

Rosebuds employees will place infants in a crib with a tight fitted sheet and nothing else. Infants will sleep on their backs, once they are able to roll by themselves- a rolling form will need to be signed by the parent/guardian. At 12 months of age, infants/toddlers and preschoolers will be expected to sleep on a cot. When sleeping on a cot, children are allowed to have sheets, blankets, pillows, and a stuffed animal.

What is your child's present sleeping schedule?

Bedtime: \_\_\_\_\_

Naptime: \_\_\_\_\_

Does your child need any sleeping accommodations/modifications? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

## Feeding information

What is your child's present eating schedule (specify amount and time for food)

Breakfast \_\_\_\_\_

A.M. Supplements \_\_\_\_\_

Lunch \_\_\_\_\_

P.M. Supplements \_\_\_\_\_

Does your child need any feeding accommodations/modifications? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

## Toileting information

How frequently does your child have a bowel movement? \_\_\_\_\_

Appearance of BM: \_\_\_\_\_

Is your child toilet trained?  Yes  No

## Financial Agreement

Please read each section and initial each line.

### Current tuition rates

Please select the tuition rate(s) for your child(ren). \*RELC offers a 10% sibling discount applied to the youngest child(ren)'s tuition. A family discount must not exceed 30%.

- Seedlings \$430.00 a week
- Buds \$410.00 a week
- Sprouts \$375.00 a week
- Blossoms \$345.00 a week
- Roses \$325.00 a week

\_\_\_\_ I understand that I am responsible for a weekly payment of \$\_\_\_\_\_.00 for my child(s) tuition.

### Fees

\_\_\_\_ A \$150.00 registration fee is due at the time of enrollment. This registration fee is non-refundable and holds my child's space for up to 30 days.

\_\_\_\_ The reservation fee is paid at the beginning of each month to hold a spot for longer than 30 days. The cost of the fee is equal to one-week tuition for your child's classroom. All reservation fees paid will be credited to your account when you begin care. The reservation fee is non-refundable for cash value and will only be applied to tuition. If a parent or guardian chooses not to enroll, the fee will be forfeited.

\_\_\_\_ An annual supply fee of \$75.00 is due by September 1st, for each child enrolled at Rosebuds Early Learning Center. This fee will cover classroom and curriculum supplies utilized throughout the year. If the start date is after September 1<sup>st</sup>, a prorated amount will be charged.

\_\_\_\_ If tuition payments are not paid by Monday, and no arrangements with the Center Director have been made, a \$30.00 late payment fee will be added to the child's billing account. If payment is not made within 48 hours of the late payment fee being applied, Rosebuds will suspend care until the billing account is current. Accounts that are frequently delinquent will be subject to termination.

\_\_\_\_ Rosebuds Early Learning Center closes at 5:30 PM. For every minute, starting at 5:30 p.m., a \$5.00 charge will be charged to the billing account for each child. There will be no cap on this charge. The fee must be paid via Brightwheel within 24 hours to avoid suspension of care.

### Payment schedule

\_\_\_\_ Tuition is due every Friday for the preceding week.

\_\_\_\_ I understand that no credit or refund of tuition will be given for the days that the center is officially closed, or the child is ill. Tuition is the same each week regardless of holidays, snow days, illness, and teacher in-service days.

### Payment options

\_\_\_\_ Tuition must be paid via the Brightwheel application by automatic withdrawal or manual payment. A 2.9% processing fee will be charged via Brightwheel to all payments using a credit/debit card. A .60 cent ACH transaction fee will be charged via Brightwheel to all payments using a bank account. Rosebuds does not pay for these transaction fees.

*Vacation week*

\_\_\_\_\_ One week of unpaid tuition per calendar year for each child may be used. This is a one-week period in which a child is not in attendance Monday-Friday. Please notify the Center Director two-weeks in advance if you would like to take your annual unpaid tuition week.

*Withdrawal, schedule changes and termination of care*

\_\_\_\_\_ If a family chooses to withdraw their child(ren) from Rosebuds, they must notify the Center Director in writing, two-weeks prior to the child's last date of attendance.

\_\_\_\_\_ All families are required to give two-week notice of any schedule changes, as our employee schedules are based solely on the needs of the children enrolled. If no notice is given, all fees will remain unchanged and weekly tuition will be due as normal until written notice has been received.

\_\_\_\_\_ Rosebuds Early Learning Center has the right to terminate enrollment of a child for reasons of family non-compliance with the policies of the childcare program. Additionally, Rosebuds may terminate enrollment if it is determined that our program is not reasonably able to meet the needs of a child or the child's behavior, or health issues affect the safety, health, or general well-being of other children or our employees.

**I have read the Rosebuds Early Learning Center Financial Agreement.** I agree to and will abide by the terms and conditions.

**Signature (Parent/Guardian 1)** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature (Parent/Guardian 2)** \_\_\_\_\_ **Date** \_\_\_\_\_

## Parent Conduct Agreement

Rosebuds Early Learning Center is committed to exceeding customer expectations. To have a positive experience, positive relationships must develop between the Director, teachers, parents, supporting staff, and children. By enrolling at RELC, the parent and organization commit to working together to provide an ideal space for children to grow, learn, and develop. Achieving this ideal space is not only the responsibility of the employees of RELC but is the responsibility of every parent or adult who enters our Center. All adults within RELC are required to behave in an appropriate manner.

The following behaviors will not be tolerated anywhere on the RELC property:

- Threats
- Swearing/Cursing/Inappropriate language
- Dissensions
- Physical/Verbal punishments of your child or other children
- Illegal actions
- Smoking
- Confrontational interactions
  - We understand you may not always agree with RELC employees. It is expected that all disagreements be handled in a calm and respectful manner.
- Rudeness
- Any inappropriate behaviors that do not promote a positive, nurturing learning environment.
- Violations of Health and safety policies.

Should this agreement be violated in any way, Rosebuds Early Learning Center has the right to terminate enrollment, without notice.

Signature (Parent/Guardian 1) \_\_\_\_\_ Date \_\_\_\_\_  
Signature (Parent/Guardian 2) \_\_\_\_\_ Date \_\_\_\_\_