

Child Enrollment Form

2026 – 2027 School Year

For Administration Only:

Child full name: _____	DOB: _____
Classroom assignment: _____	Start date: _____
Are there any known allergies?	
☐ Yes _____ (allergy plan and medication needed)	
☐ No	
Are there any developmental/medical concerns?	
☐ Yes _____ (please complete ICCPP)	
☐ No	
Photography/video release?	
☐ Yes	
☐ No _____	

The license holder shall not disclose a child's record to any person other than the child, the child's parent or guardian, the child's legal representative, employees of the license holder, and the commissioner unless the child's parent or guardian has given written consent or as otherwise required by law.

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): _____/_____/_____

Child's current home address: _____

Expected enrollment (start) date: _____

What days of the week will your child be attending the center? (Please select all that apply.)

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Daily arrival time: _____am

Daily departure time: _____pm

All about me!

Languages spoken at home: _____

Cultures my family consider most important to our identity: _____

Here are a few of my favorite things:

- Toy/activity: _____
- Character: _____
- Song/book: _____

Things we like to do as a family: _____

My parents/guardians think it's funny when I: _____

Sometimes I get upset and I show it by: _____

These are some things that help calm me down: _____

My family religion is: _____ Church: _____

Is your child baptized?

- ☐ Yes
- ☐ No

Are you interested in learning more about Baptism?

- ☐ Yes
- ☐ No

For children 6 weeks to 36 months- a description of the child's eating, sleeping, toileting and communication habits, and effective methods for comforting your child is needed.

Eating: (Please select all that apply)

- ☐ Breast milk
- ☐ Formula
- ☐ Puree baby foods
- ☐ Table foods

How often does your infant receive a bottle? _____

Are there any specific heating or storage instructions? _____

Breast milk must be fresh (not frozen) and will be sent home each day. The center uses bottle warmers to prepare breast milk and formula bottles. Temperatures will be checked prior to serving the bottle to your infant.

Does your child need any feeding accommodations/modifications?

- ☐ Yes _____
- ☐ No

Sleeping: *Infants 6 weeks to 12 months are placed in approved cribs with tight fitted sheets with nothing else in the crib. Infants are always placed on their backs to sleep. At 12 months of age infants will be transitioned from crib to a toddler cot. Toddlers may have blankets, small pillows, and stuffed animals, if they please.*

General information regarding your child's sleeping schedule and habits:

Does your child need any sleeping accommodation or modifications?

- ☐ Yes _____ (Dr. note is required)
- ☐ No

Toileting:

- ☐ Diapers
- ☐ Beginner- potty trained
- ☐ Pro- potty trained

How frequently does your child have a bowel movement? _____

Appearance/consistency of a normal BM: _____

Do you have any concerns with abnormal diarrhea or constipation?

- ☐ Yes
- ☐ No

Parent/guardian information

Family status:

- ☐ Married/living together
- ☐ Divorced/separate households
- ☐ Single
- ☐ Other: _____

**Court orders must be provided in shared custody situations. The center does not get involved in family matters.*

Others living in the home: _____

Which parent/guardian should be contacted FIRST? _____

Contact information

	Parent/guardian 1	Parent/guardian 2
First and last name		
Relationship to child		
Home address (if different than above)		
Contact phone #		
Email address		
Employer		
Business address		
City, State & Postal Code		
Business phone #		

Names and telephone numbers of any persons authorized to take the child from the center. **Unauthorized persons will be denied access to children without consent from parents/guardians, personal identification will be confirmed before the child is released.*

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical and dental care information

The names, address and telephone numbers of your child's source of regular medical and dental care and the source of emergency medical and dental care:

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

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

Company: _____ Phone: _____

Policy holder: _____ Policy number: _____

Does your child have any known allergies?

- ☐ Yes _____
☐ No

Does your child have any medical conditions?

- ☐ Yes _____
☐ No

Is your child on any medications?

- ☐ Yes _____
☐ No

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

- ☐ Yes _____
☐ No

Does your child require any accommodation for care?

- ☐ Yes _____
☐ No

Emergency contacts

The names, addresses and telephone numbers of two local people to be contacted if a parent cannot be reached in an emergency or when there is an injury requiring medical attention. *Must be at least 18 years of age and cannot be a parent/guardian and must be able to arrive at Rosebuds within 60 minutes of initial contact.

Full name		
Relationship to child		
Home address		
City, State & Zip		
Cell phone number		

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

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 creams, ointments
- ☐ Skin lotions, creams, vaseline
- ☐ Sunscreen (non-aerosol)
- ☐ Insect repellants
- ☐ Lip balm
- ☐ 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

Rosebuds Early Learning Center has a video surveillance system installed in each classroom and hallways throughout the building. Rosebuds Early Learning Center reserves the right to legally share photos and video footage with law enforcement, the health consultant, parent aware and the MN department of children, youth and families (DCYF) when a formal investigation warrants the need for such photos or video footage without parental consent.

Periodically, we may utilize photographs and videos in various ways at Rosebuds Early Learning Center for events or marketing. Please sign below and indicate whether you agree or decline to have your child's picture shared publicly. We do NOT include names or other identifying information with child's photographs & videos.

☐ 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:

☐ RELC Website ☐ RELC Facebook page ☐ Communication App (Brightwheel) ☐ Displayed in Classroom/RELC Hallways

Signature (Parent/guardian) _____ Date _____

Family Contract

Please read and initial each line:

_____ I have read and agree to the full contents of the family handbook. I understand that disregarding these policies can result in termination of my child's enrollment.

_____ I understand that I must follow the termination policy as it is written in the family handbook. *Two weeks' notice is required.

_____ I agree to the weekly rate of \$_____, to be paid through Brightwheel the Friday before the week begins for my child(ren). I understand that late payments will be subject to late fees and suspension of care until payment has been made.

_____ I understand that the center closes at 5:30pm and that late pickups are subject to a fee.

Our daily arrival time will be _____ and pick up time will be no later than _____. Any changes to my child's schedule will be communicated with the center Director and must be approved.

Any amendments to policies, procedures or tuition rates will be communicated to each family and this contract will be updated with new signatures from all parties.

Center Director

Date

Both parents/guardians must sign, unless singular parent/guardian with sole custody of the child.

Signature (Parent/guardian) _____ **Date** _____

Signature (Parent/guardian) _____ **Date** _____