



Registration Form

The program will serve children between six weeks through 5 years of age (Pre-K). We will be open from 7:30 a.m. to 5:00 p.m. Enrollment packets must be completed annually; forms included in enrollment packet are Registration Form, Agreement Form, Parent Permission Form, and Household Income Statement Form. Additional forms that need to be completed by your child's physician before their start date are Health Care Summary and Child Care Immunization Form (a signature required on the reverse side). You may also attach copy of child's immunization history.

Child's Name: _____			Birthdate: _____			or Due Date: _____			<input type="checkbox"/> Male <input type="checkbox"/> Female		
Program Enrollment: Full Day, <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri						Hours in care: Start Time: _____			End Time: _____		
<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool						Summer Care: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. snack											
Others in household, including parents: Name			Relationship to Child			Age (siblings only)					
_____			_____			_____					
_____			_____			_____					
_____			_____			_____					
_____			_____			_____					

Current Employment of Parents: Please include: Employer	Work Address	Work Schedule	Work Phone
Parent: _____	_____	_____	_____
Parent: _____	_____	_____	_____

I would like my child to start attending the Early Childhood Development Center on: _____

A registration fee of \$20 is billed the first month of enrollment. Upon my child's enrollment, I recognize that I am responsible for adherence to all policies as outlined in the Statement of Policies/Parent handbook.
**Child admission is based on the following prioritized factors: licensing capacity; consistency of scheduling; University students, faculty, staff; date application received, and currently enrolled families.*

Parent's Name: _____ Phone: _____
**This should be the information you would like your child's account setup under.*

Address: _____ City & Zip: _____

Email Address: _____ (Billing)

If you want, separate email for parent communication; email address: _____

Signature: _____ **Date:** _____

Childcare tuition is subject to change the beginning of each year (September 1). Childcare tuition is billed as a flat monthly rate.* You will not receive a credit for sick days, vacations days, holidays, staff development days, season breaks, and emergency closure dates, as these are all considered part of the enrollment schedule.
*Preschoolers who will be kindergartners in the next school program year will have a pro-rate in May (who are not enrolled in the ECDC summer program) or August (who are enrolled in the summer program, ends the day before ECDC Professional Staff Development Days-TBD).
*Any new child to the program, who starts the first day of the new fall program year, will have a pro-rate.

Office Use -Date Received: _____

HEALTH INFORMATION

Name of child’s physician: _____ Phone: _____

Address: _____ Date of last examination: _____

Approximately, how often does this physician see your child? _____

Are all immunizations up to date? Yes No If not, explain: _____

Has your child had chicken pox? Yes or No

List any allergies, injuries, prolonged illnesses, or any limiting conditions your child may have: _____

Does your child experience any of the following: seizures ear infections strep infection sudden high temperatures

Impetigo diarrhea constipation upset stomach other _____

Have you noted any signs of hearing or sight loss? _____

If your child is older than 3 years, has s/he has a recent dental exam? _____

If so, name of dentist: _____ Phone: _____

Child’s Interests/Activities/Special Needs or Behaviors

What is your child’s favorite activity and/or toys? _____

Does s/he have regular playmates? Yes No Ages? _____

Would you judge your child to be extremely active somewhat active quiet very passive shy

Napping (yes or no, sometimes, on a schedule)? _____

Eating (picky eater, eats everything, on a schedule)? _____

Elimination or toileting behaviors (constipation, shows interest in using the toilet)? _____

Communication (6 weeks-36 months) _____

How does your child comfort himself/herself? _____

Are there any special circumstances in the family that we may need to know (e.g. adoption, illness, & legal custody arrangements)?

Please describe your child as you see him or her? _____

Please tell us what you hope to gain for your child and yourself from our early childhood program? _____

Return form to:
Early Childhood Development Center
2900 University Ave
Crookston, MN 56716

Or Email:
kjanssen@crk.umn.edu