

**Close To My Heart**  
**Early Childhood Development Center**  
1740 Van Dyke St N  
St. Paul, MN 55109  
651-307-1492

**School Age Kindergarten Enrollment Form**

Please circle the day's care your child will be attending:

**M   T   W   T H   F**

**Registration Fee: \$80.00 \*\*Scholarships are available, a scholarship application must be completed\*\***

Child's Name: \_\_\_\_\_  
                    Last Name                      First Name                      Middle Name                      Nickname

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Grade in School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Ethnicity  American Indian or Alaska Native  Asian or Pacific Islander  Hispanic  
 Black, not Hispanic Origin  White, not Hispanic  Other \_\_\_\_\_ (please specify)

**Citizenship of student?**  
A. American Citizen                      D. Immigrant                      G. Other \_\_\_\_\_ (please specify)  
B. Refugee                                  E. Student Visa \_\_\_\_\_  
C. Status Pending Enrollment                  F. Visitor Visa \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_

School District in which you live in: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Address: \_\_\_\_\_

My child will be transported to and from school by: \_\_\_\_\_

Parent 1 Name: _____	Parent 2 Name: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

Parents are:  Same Residence  Separated  Divorced  Widow/Widower  Married  Single

If parents are separated or divorced, who does the child live with: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ (please print name)                      Phone Number: \_\_\_\_\_

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

**A BIRTH CERTIFICATE IS REQUIRED FOR ALL STUDENTS ENROLLING**

# Close To My Heart Early Childhood and Development Center

## General Information

\_\_\_ I am new to Close To My Heart. How did you hear about us?

\_\_\_ Other Close To My Heart Parents. Who? \_\_\_\_\_

\_\_\_ School Sign

\_\_\_ Person(s) referring you: \_\_\_\_\_

\_\_\_ Yellow Pages

\_\_\_ Other, please specify \_\_\_\_\_

Previous Daycare(s) child has attended: \_\_\_\_\_

Any problems at previous daycare(s): \_\_\_\_\_

EXPECTATIONS of Day Care home: \_\_\_\_\_

### Home Environment

#### Names and Ages of brothers and sisters:

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ School Attending \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ School Attending \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ School Attending \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ School Attending \_\_\_\_\_

#### Name and Relationship of other Adults living in the home:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Describe educational experiences that your child has had: \_\_\_\_\_

Does your child have playmates? \_\_\_ If so, what ages and genders? \_\_\_\_\_

#### Circle the words that describe your child:

Easily Angered Whiny Crying Happy Cheerful Stubborn Cooperative

Independent Active Fights often Gives in easily Temper Tantrums Quiet Wants own way

Briefly describe your child's social behavior (cautious, aggressive, friendly, shy, etc.) \_\_\_\_\_

What makes your child frustrated or upset? \_\_\_\_\_

Describe any fears your child may have and how you have dealt with them: \_\_\_\_\_

Your child's favorite play activities: \_\_\_\_\_

Describe any special interests of your child: \_\_\_\_\_

Motor activity your child enjoys: \_\_\_\_\_

Activities that your child is cautious about: \_\_\_\_\_

Child is: \_\_\_\_\_ Left Handed \_\_\_\_\_ Right Handed \_\_\_\_\_ Not Sure

Is your child adopted? \_\_\_\_\_ At what age? \_\_\_\_\_ Has your child been told? \_\_\_\_\_

Do you consider your child: \_\_\_\_\_ Under Achiever \_\_\_\_\_ Average \_\_\_\_\_ Over Active

Other Comments about your child's development: \_\_\_\_\_  
\_\_\_\_\_

Does either parent have any special talents or resources to offer our school or teachers? \_\_\_\_\_  
\_\_\_\_\_

### Special Needs

Is your child on an IEP (Individual Educational Plan)? \_\_\_\_\_  
If yes, through which school district? \_\_\_\_\_ Please send a copy of the IEO with this registration.

Please describe any special developmental needs your child has that we should be aware of:

Speech/Language: \_\_\_\_\_

Motor development: \_\_\_\_\_

Self-help skills: \_\_\_\_\_

Attention span: \_\_\_\_\_

Emotional needs: \_\_\_\_\_

Social development: \_\_\_\_\_

Behavioral problems: \_\_\_\_\_

### Toilet Training

Bladder trained? \_\_\_\_\_ Bowel Trained? \_\_\_\_\_

Child's words for: Urinating: \_\_\_\_\_ Bowel Movement: \_\_\_\_\_

### Miscellaneous

Does your child take a regular nap? \_\_\_\_\_ If so, what time? \_\_\_\_\_

Anything unusual about your child's sleeping habits? \_\_\_\_\_

Describe your child's appetite: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_ Food Dislikes: \_\_\_\_\_

Any unusual eating habits? \_\_\_\_\_

Food Allergies: \_\_\_\_\_

### Your Expectations

What you most want out of your child's experience at Close To My Heart? \_\_\_\_\_  
\_\_\_\_\_

Areas of development you want to see emphasized: \_\_\_\_\_  
\_\_\_\_\_

Any other information about your child you consider important for us to know? \_\_\_\_\_  
\_\_\_\_\_

# Close To My Heart Early Childhood and Development Center

## Health and Wellness Form

\*\*This information must be filled out for all children.

Child's Name \_\_\_\_\_  
First
Middle
Last

Birth Date \_\_\_\_\_ Gender Male \_\_\_\_\_ Female \_\_\_\_\_

**HEALTH CONCERNS:** Please check if your child has any of the following.

\_\_\_\_\_ NO HEALTH CONCERNS

\_\_\_\_\_ A.D.H.D./A.D.D.

\_\_\_\_\_ Allergies (to what?) \_\_\_\_\_

\_\_\_\_\_ Asthma or other breathing problems  
 Has your child ever been diagnosed by a doctor as having asthma? Yes No

\_\_\_\_\_ Bladder problems/Bowel problems (describe) \_\_\_\_\_

\_\_\_\_\_ Heart Problems (describe) \_\_\_\_\_

\_\_\_\_\_ Seizures

\_\_\_\_\_ Social/emotional/mental health (describe) \_\_\_\_\_

Do you have any concerns about your child's development? Yes ( ) No ( ) If yes, please comment: \_\_\_\_\_

Please comment on any other medical information or special need the child care provider should be aware of:  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCIES:** Does your child have a health problem that could result in an emergency?

If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

**Are there any physical problems at this time?**

Respiratory \_\_\_\_\_ Orthopedics \_\_\_\_\_ Heart \_\_\_\_\_

Visual \_\_\_\_\_ Hearing \_\_\_\_\_ Allergies \_\_\_\_\_

Seizures \_\_\_\_\_ Other \_\_\_\_\_

Does child have any known health problems? Yes ( ) No ( ) If yes, attach documentation

**Check ( X ) any of the following illnesses the child has had:**

- ( ) Asthma ( ) Earaches ( ) Mumps ( ) Whooping Cough ( ) Bronchitis ( ) Eczema  
( ) Pneumonia ( ) Polio ( ) Chicken Pox ( ) Frequent Colds ( ) Croup ( ) Convulsions  
( ) Measles ( ) Influenza ( ) Diphtheria ( ) Tonsillitis ( ) Rheumatic Fever  
( ) Other \_\_\_\_\_

Has your child had any surgery? Yes ( ) No ( ) If yes, please explain: \_\_\_\_\_

**MEDICATIONS:** List ALL medications that your child takes daily or when needed. A consent form is **REQUIRED** for ALL medication taken at school, including over the counter medications. **THE CONSENT MUST BE SIGNED BY BOTH HEALTH CARE PROVIDER AND PARENT.** A new consent is needed each school year. Forms are available in the health office.

Medication Name	Purpose	Dose	How often taken?
-----------------	---------	------	------------------

**HEALTH INSURANCE:**

\_\_\_\_\_ My child has health insurance:  
\_\_\_\_\_ Medical Assistance \_\_\_\_\_ Minnesota Care  
\_\_\_\_\_ Assured Care \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ My child has no health insurance

**HEALTH CARE PROVIDERS:**

Does your child have a doctor or clinic where they usually go for health care? Yes No

Name of doctor or clinic	Location and Phone
--------------------------	--------------------

Hospital preference: \_\_\_\_\_

This health information may be shared with Close To My Heart staff as needed. If you do not want this health information shared, please contact 651-779-9177.

I authorize the child care provider/staff to obtain the following services for this child if necessary: Public Health Nurse, Physician and or Ambulance in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian)

Parent/Guardian signature \_\_\_\_\_ Phone \_\_\_\_\_

Print Parent/Guardian name \_\_\_\_\_ Date \_\_\_\_\_  
(print name) (month-day-year)