

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

**Toddler Enrollment Form**

Please circle the days of your child will be attending:

M   T   W   TH   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** \_\_\_\_\_

**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:** \_\_\_\_\_

<b>Parent 1 Name:</b> _____	<b>Parent 2 Name:</b> _____
<b>Occupation:</b> _____	<b>Occupation:</b> _____
<b>Employer:</b> _____	<b>Employer:</b> _____
<b>Work Phone:</b> _____	<b>Work Phone:</b> _____
<b>Email:</b> _____	<b>Email:</b> _____

**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:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
(please print name)

**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

## Toddler/Preschool Social Resume

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

### Family

Names of brothers and sisters

Birth Date

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

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

Names of others living in the home

Relationship to child

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

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

What language is spoken in your home: \_\_\_\_\_

Does your child have any pets?  Yes  No If yes, what are they: \_\_\_\_\_

### FOOD

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

What foods does your child like? \_\_\_\_\_  
\_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_  
\_\_\_\_\_

Does your child feed himself/herself?  Yes  No

Does your child have any food sensitivities or allergies?  Yes  No

If yes, please identify: \_\_\_\_\_  
\_\_\_\_\_

What time does your child eat: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Supper \_\_\_\_\_

### Self Care

Is your child in diapers?  Yes  No Comment: \_\_\_\_\_

Has training begun?  Yes  No Comment: \_\_\_\_\_

Is your child trained?  Yes  No Comment: \_\_\_\_\_

Does child need help?  Yes  No Comment: \_\_\_\_\_

Does your child need any help with dressing?  Yes  No

If yes, please list: \_\_\_\_\_

**Sleep**

Describe your child's sleep routine (include naps & lengths of naps): \_\_\_\_\_

\_\_\_\_\_

**Social/Emotional Development**

Does your child separate easily from you? \_\_\_ Yes \_\_\_ No

Please comment: \_\_\_\_\_

Is your child afraid of anything? \_\_\_ Yes \_\_\_ No

Please comment: \_\_\_\_\_

Does your child have a favorite toy, blanket, or soother? \_\_\_ Yes \_\_\_ No

Please comment: \_\_\_\_\_

Does your child spend time with other children? \_\_\_ Yes \_\_\_ No

Please comment: \_\_\_\_\_

When your child is upset, what helps COMFORT him/her? \_\_\_\_\_

\_\_\_\_\_

How does your child show feelings?

Affection: \_\_\_\_\_ Fear: \_\_\_\_\_

Frustration: \_\_\_\_\_ Anger: \_\_\_\_\_

Excitement: \_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

What activities does your child dislike? \_\_\_\_\_

How do you DISCIPLINE your child? \_\_\_\_\_

\_\_\_\_\_

Special FAMILY situations? (such as custody specifications, problems arising from situations, etc.) \_\_\_\_\_

\_\_\_\_\_

Any disorder/developmental (slow/advanced) diagnosed or suspected? \_\_\_\_\_

\_\_\_\_\_

What characteristics in your child's development would you like:

Encouraged: \_\_\_\_\_

Discouraged: \_\_\_\_\_

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# 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 you 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 651-307-1492.

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)

Name \_\_\_\_\_

**Instructions, please complete:**

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

<b>1. Certify Immunization Status.</b> Complete A or B to indicate child's immunization status.	
<b>A. Children who are 15 months or older:</b> For children who are 15 months or older and who have received all the immunizations required by law for child care:  I certify that that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.  _____ Signature of Parent / Guardian OR Physician / Nurse Practitioner / Physician Assistant / Public Clinic  _____ Date	<b>B. Children who are 15 months or younger:</b> For children who are younger than 15 months OR have not received all required immunizations:  I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date. The dates on which the remaining doses are to be given are:  _____ Signature of Physician / Nurse Practitioner / Physician Assistant / Public Clinic  _____ Date

<b>2. Exemptions to Immunization Law.</b> Complete A and/or B to indicate type of exemption.	
<b>A. Medical exemption:</b> No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:  I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):  _____ Signature of physician / nurse practitioner / physician assistant  _____ Date  *History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)  _____ Signature of physician / nurse practitioner / physician assistant (If disease occurred before September 2010, a parent can sign.)	<b>B. Conscientious exemption:</b> No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:  I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):  _____ Signature of parent or legal guardian  _____ Date  Subscribed and sworn to before me this: _____ day of _____ 20____  _____ Signature of notary (A copy of the notarized statement will be forwarded to the commissioner of health.)