



### Little Sprouts Childcare and Preschool

1123 Weir Drive  
Woodbury, MN 55125  
TaraJ@littlesproutsmn.com



### Tiny Sprouts Infant Care

1103 Weir Drive  
Woodbury, MN 55125  
Sara.Gocken@littlesproutsmn.com

**\*PLEASE NOTE: ALL SECTIONS MUST BE FILLED IN COMPLETELY**

#### CHILD ENROLLMENT INFORMATION

#### START DATE:

CHILD'S FULL NAME:		CHILD'S DATE OF BIRTH:
CHILD AGE:	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	CHILD'S PRIMARY LANGUAGE:
HOME ADDRESS:		

#### PARENT/GUARDIAN CONTACT INFORMATION

PARENT ONE NAME:	PARENT ONE CONTACT #:
PARENT ONE ADDRESS:	
PARENT ONE EMAIL:	
PARENT TWO NAME:	PARENT TWO CONTACT #:
PARENT TWO ADDRESS:	
PARENT TWO EMAIL:	

#### EMERGENCY CONTACT INFORMATION (MUST BE OTHER THAN PARENT)

(TWO INDIVIDUALS THAT CAN BE CONTACTED IF A PARENT CANNOT BE REACHED IN AN EMERGENCY OR WHEN THERE IS AN INJURY REQUIRING MEDICAL ATTENTION.)

PRIMARY CONTACT NAME:	CONTACT PHONE #:
FULL ADDRESS:	
SECONDARY CONTACT NAME:	CONTACT PHONE #:
FULL ADDRESS:	

#### AUTHORIZED REMOVAL INFORMATION

(THE FOLLOWING PEOPLE ARE AUTHORIZED TO REMOVE MY CHILD FROM SPROUTS IN ADDITION TO THE PARENT/GUARDIAN)

FULL NAME:	CONTACT PHONE #:
FULL NAME:	CONTACT PHONE #:
FULL NAME:	CONTACT PHONE #:

#### MEDICAL CARE PROVIDER INFORMATION

(THE FOLLOWING ARE AUTHORIZED TO GIVE EMERGENCY CARE TO MY CHILD) IF CHILD DOES NOT HAVE DENTIST, PLEASE LIST PARENT'S DENTIST

CHILD'S PRIMARY CARE PROVIDER:	PCP PHONE #:
PROVIDER FULL ADDRESS:	
CHILD'S DENTIST:	DENTIST PHONE #:



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DENTIST FULL ADDRESS:	
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### MEDICAL QUESTIONNAIRE

1. Does your child have any health/medical condition, including allergies, that could result in an emergency at Tiny/Little Sprouts?  Yes  No

If yes, explain: \_\_\_\_\_

2. Is your child free of any infectious or communicable diseases?  Yes  No

3. If not, are there any infectious or communicable diseases that would preclude enrollment into the childcare program?

\_\_\_\_\_

4. Are your child's immunizations complete and up to date?  Yes  No If no, explain: \_\_\_\_\_

5. Does your child require additional services and/or require modifications or accommodations to be cared for and participate in the provided Tiny/Little Sprouts group childcare setting?  Yes  No

If yes, explain below what modifications or accommodations are required. If receiving additional services, please speak with the Director to have an Individual Child Care Program Plan completed prior to care beginning.

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

### MEDICAL POLICIES

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information must be updated in accordance with State Childcare Licensing regulations and kept current. I understand that children without appropriate current medical records may not attend the center.
2. I agree to promptly provide information to the center regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed.
3. If the center staff notifies me that my child is ill, I must pick up my child as soon as possible and no later than one (1) hour after being contacted.
4. If my child contracts a reportable contagious disease, my child may return only with a physician/health care professional's note indicating that my child is no longer contagious.
5. In case of a medical or other emergency while my child is under Tiny/Little Sprouts supervision, I understand that Tiny/Little Sprouts will attempt to contact me immediately; however, if I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize Tiny/Little Sprouts to act on my behalf and to take the emergency measures including those listed below if deemed necessary by Tiny/Little Sprouts or by medical authorities for the care and protection of my child. I authorize Tiny/Little Sprouts to:

- Consult the physician or dentist named on the previous page if I cannot be reached.
- Administer first aid and/or cardiopulmonary resuscitation.
- Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.

In the event of an emergency please transport my child to (please list hospital): \_\_\_\_\_

- Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
- Transport my child to a local emergency shelter in the event of an emergency evacuation of Tiny/Little Sprouts.



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- 6. If I wish to request a religious or personal exemption to Tiny/Little Sprouts' practice of securing necessary emergency medical treatment in the event I cannot be reached, State Childcare Licensing authorities must be consulted to determine if such an exemption may be granted.
- 7. I must complete any state-specific medical authorization forms required by individual state childcare licensing regulations.

**CHILD ENROLLMENT SCHEDULE (PLEASE INDICATE THE APPROX. TIME OF DAY YOUR CHILD WILL ATTEND)**

CHILD TO ATTEND	DAYS (Y/N)	HOURS	SPECIAL REMARKS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

**TUITION INFORMATION**

AGE	WEEKLY FULL TIME RATE	WEEKLY 4-DAY RATE	WEEKLY 3-DAY RATE	WEEKLY 2-DAY RATE
INFANT	\$400.00	\$350.00	\$275.00	\$220.00
TODDLER TRANSITION	\$390.00	\$345.00	\$270.00	\$215.00
TODDLER	\$350.00	\$290.00	\$245.00	\$195.00
PRE-SCHOOL/PRE-K	\$300.00	\$270.00	\$220.00	\$170.00

I understand that my weekly or monthly tuition fees are as follows:

Tuition weekly \$ \_\_\_\_\_

Tuition monthly \$ \_\_\_\_\_

\* All tuition payments will be weekly or monthly and will be made through automatic withdrawal.

**TUITION TERMS & CONDITIONS**

- 1. Tuition is due in advance of services rendered; tuition will be collected the Monday prior to the week your child will be in attendance. When a bank holiday falls on Monday, tuition will be pulled the previous Friday. If tuition is not paid in full, a late fee of \$10.00 will be charged for each day your tuition is late. The terms of this Agreement, including the fees, are subject to change in whole or in part by Tiny/Little Sprouts with two weeks' notice, except this Agreement may be terminated by Tiny/Little Sprouts at any time.
- 2. A two-week, non-refundable deposit of tuition is required to secure your child's spot at the time of enrollment. A deposit can be made by cash, check or through electronic withdrawal. The deposit will then be applied to your child's first two weeks of attendance.
- 2. A late pick-up fee of \$10.00 per minute will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after-hours service, nor will the late fee be applied toward the tuition.
- 3. Tuition fees are due for illness, holidays, or emergency closure of the center. If the hours your child attends change in any way, you must notify the center immediately so appropriate staffing may be arranged.



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- 4. Your child may have the opportunity to participate in a special program or field trip. Special Event fees are due January, June and September. Information will be provided with the exact amount based on the number of events.
- 5. Two weeks' written notice to permanently remove your child from the program is required prior to the last day of attendance. If you do not give proper notice, you agree to pay any fees or full tuition that may be due for the final two weeks regardless of your child's attendance.

**PHOTO RELEASE**

At Tiny/Little Sprouts, photographs and videos are taken daily to capture what children are learning throughout the day. We love to share these pictures and videos with our families so they can see what we do at Sprouts. Some may be taken on different occasions such as birthdays, holidays, outings and special occasions. We may also use these pictures/videos on our website, through social media and in our center for teaching, arts & crafts, albums and various other things. Names will never be used when displaying pictures.

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

Please mark the appropriate box:

I give permission                       I do not give permission

to the above-named provider to take photographs and/or video of the above-named child.

I understand that these photographs and/or videos will not be sold or distributed without my permission.

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**I agree and accept the above Terms and Conditions.**

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