



## Kiddiegarten School of Maple Grove

*A next generation early learning Montessori school*

Infant ♦ Toddler ♦ Preschool ♦ Summer Camp



## Enrollment Packet



*Children deserve the best*

*... and we truly deliver!*

[www.kiddiegarten.com](http://www.kiddiegarten.com)



## INSTRUCTIONS FOR COMPLETING ENROLLMENT PAPERWORK

*We are excited about your decision to choose Kiddiegarten for the early learning and care of your child. Thank you for your trust in us!*

### GENERAL INSTRUCTIONS

1. This enrollment packet ensures that we all have the necessary information regarding your child so that you can have the best start at Kiddiegarten. Please complete this Enrollment Packet completely and accurately because we also need this information to comply with DHS child care licensing regulations. The enrollment information will help us get acquainted with your child, and we would be able to meet his or her individual needs.
2. This enrollment packet is in a fillable PDF format and should be completed on a computer. We are kindly requesting you not to fill the form by handwriting, if possible. **If you do not have a printer at home**, then you can fill and email the packet to us. We will print it for your signatures.
3. Unless there are valid reasons, both parents / guardians must sign the forms with ink signatures. Digital or scanned signatures are not acceptable.
4. Please include a check for “**\$150 Registration Fee plus 2-week tuition**” (per child) as a non-refundable payment.

DOCUMENT	KEY REMINDERS
<b>Child Record and Enrollment Agreement</b>	<ul style="list-style-type: none"> <li>• Page 1 – Dentist information is required by law even for Infants. You may pick any dentist for now if you haven't identified one yet.</li> <li>• Page 2 - Two local Emergency Contacts are required by law. <b><i>A copy of this completed page can be used for multiple children.</i></b></li> <li>• Page 5 – Please take time in completing “<b><i>Child Acquaintance Questionnaire</i></b>”, as this will help our staff understand the child.</li> </ul>
<b>Infant Feeding Instructions</b>	<ul style="list-style-type: none"> <li>• This form needs to be updated after feeding stage is reached (Stage 2 &amp; Stage 3) after consulting pediatrician and trying foods at home.</li> </ul>
<b>Authorized Pickup Roster</b>	<ul style="list-style-type: none"> <li>• This is a <b>LIVE</b> document for adding and deleting pickup parties in the future. <b><i>A copy of this completed form can be used for multiple children.</i></b></li> </ul>
<b>Allergy Plan</b>	<ul style="list-style-type: none"> <li>• Complete only if your child has known allergies.</li> </ul>
<b>Release of Medical Information</b>	<ul style="list-style-type: none"> <li>• This will help us in obtaining the Health Care Summary directly from the clinic in the future.</li> </ul>
<b>Health Care Summary</b>	<ul style="list-style-type: none"> <li>• This must be provided no later than 2 weeks of enrollment start.</li> <li>• Clinic can also fax this directly to us at <b>763-951-2285</b>.</li> </ul>
<b>Immunization Record</b>	<ul style="list-style-type: none"> <li>• Immunization record is required <b><u>at the time of enrollment</u></b>.</li> <li>• Please sign on to Section 3 of Page 2.</li> <li>• If <b>medically exempt</b>, obtain doctor's signatures.</li> <li>• If <b>non-medically exempt</b>, please get the form notarized.</li> </ul>
<b>Tuition Authorization Form</b>	<ul style="list-style-type: none"> <li>• Along with the Bank information, we also need a backup credit / debit card information. <b><i>This form can be used for multiple children.</i></b></li> </ul>



## LIST OF SUPPORTING DOCUMENTATION REQUIRED

1. Copy of Child's Birth Certificate
2. Copies of State Issued Driver's License or Identification Card for both Parents / Guardians
3. If applicable, child custody documents from the court.
4. If applicable, copies of child's Individual Education Plan (IEP), Developmental Delay Plan, Asthma or Seizure Action Plan, Behavior Plan etc.
5. For Allergies, copies of the Allergy Plan from child's physician.

## INSTRUCTIONS FOR ENROLLING MULTIPLE CHILDREN

1. First complete the entire enrollment packet for one child.
2. You may use the completed copy of the Page 2 and Authorized Pickup Roster for your other children enrolling at Kiddiegarten. ***You don't need to again fill these two pages for each child when completing their respective enrollment packets unless these are not the same for all children.***
3. The Tuition authorization form can be used for multiple children.

## ADDITIONAL FORMS, IF NEEDED DURING ENROLLMENT

1. Supplemental Enrollment Agreement for Families with Agency Child Care Assistance (CCAP, TS PW1 ELS, Milestones, CCAoA Military Fee Assistance etc.)
2. Custody Confirmation form for Single Parent or Guardians Enrolling
3. Medication administration form, if medications need to be administered at Kiddiegarten.
4. Special Forms for Infants, if needed:
  - Physician Directive for Alternative Infant Sleep Position
  - Infant Less Than Six Months of Age Regularly Rolling Over, for allowing to remain sleeping on its stomach

## NEW FAMILY ORIENTATION

We will schedule a new family orientation for you about a week before starting. It takes about half an hour, where we set-up your door access fingerprint; take pictures for our system; walk you through with our policies; and let you visit the classroom and meet the teacher.

**Thanks again for your interest in our school. We are looking forward to welcoming you at Kiddiegarten as our new family.**

Please feel free to contact us if you have any questions or need any clarifications.

***Welcome again to Kiddiegarten!  
Kiddiegarten Management***



# Kiddiegarten School of Maple Grove

A next generation early learning Montessori school

Infant ♦ Toddler ♦ Preschool ♦ Summer Camp

## TUITION RATES AND POLICIES FROM SEPTAMBER 01, 2025

Programs	Pre-Payment Discounted Tuition Rates (\$/Week) 7:30 AM to 5:30 PM (Core Hours)				
	5 days	4 days	3 days	2 days	1 day
Infant - 6 Weeks to 15 Months	460	414	368	278	152
Toddler - 16 to 32 Months	410	369	328	246	135
Preschool - 33 Months to KG	375	338	300	225	124
School Age / Summer Camp	325	293	260	195	107

- BI-WEEKLY PRE-PAYMENT:** Tuition is charged bi-weekly in advance and is due every other Friday for the next 2 weeks. Kiddiegarten reserves the right to deny check-in if the amount due is not paid by the end of first week.
- LATE PAYMENT:** If tuition is not paid on the Tuition Friday, then a **\$10 per day** late payment fee shall be charged. Maximum delay allowed is 1 week, unless agreed with the Management.
- PAYMENT METHOD:** Payments must be made by auto pay using ACH or check. Credit card information must be provided as a backup. A 3% surcharge shall apply for payments by credit or debit card. Amex cards are not accepted.
- DECLINED PAYMENT:** Returned checks and ACH are subject to a \$30 fee and declined credit or debit card is subject to a \$15 fee.
- REGISTRATION FEE:** A registration fee of \$150 per child shall be charged at the time of enrollment, and then on January 1<sup>st</sup> every year, except for those who have started their enrollment in the last quarter of the previous year.
- EARLY DROP-OFF AND LATE PICK-UP FEE:** An early drop-off and late pick-up fee of \$15 per 15 minute block will apply, which would be \$20 per 15 minute block after 6:30 PM.
- SUMMER CAMP ACTIVITY FEE:** A one-time Activity Fee for Preschool and School Age students would apply during the summer camp months from June to August.
- FIELD TRIP FEE:** A field trip fee (onsite and offsite) would apply during the year for any planned field trips.
- SIBLING DISCOUNT:** There shall be no sibling discount. However, families are welcome to apply for our internal need-based scholarship of up to \$30 / week renewable every 26 weeks (subject to availability).
- VACATION DISCOUNT:** One full week after every 6 months of continuous enrollment can be provided at 50% tuition for full-time (5-day) enrolled families going on vacations. A clear 2-week prior notice is required.
- PUBLIC HOLIDAYS:** Kiddiegarten shall be closed for 10 days per year. These days are already factored into weekly tuition, and the bi-weekly tuition shall be charged as normal.
- ILLNESSES AND ABSENCES** Tuition at Kiddiegarten is NOT actual attendance based. There shall be no refunds for illnesses, personal absences, and if Kiddiegarten opens late, closes early, or remains closed due to reasonable emergencies and inclement weather conditions.
- TUITION INCLUSIONS:** Tuition includes meals (breakfast, hot lunch, and snacks), and all program supplies.
- TUITION EXCLUSIONS:** Diapers, wipes, and infant formula are provided by parents. A list of other items will be provided at the time of enrollment. Kiddiegarten only provides whole milk and 1% milk.
- ENROLLMENT START DATE:** Once confirmed, the start date cannot be changed. Tuition obligations will start from the start date. Registration Fee and 2-week non-refundable tuition is due at enrollment.
- SCHEDULE CHANGES:** A clear 2-week of written notice is required for any schedule changes, if available.
- 2-WEEK NOTICE OF DISENROLLMENT:** A clear 2-week of **WRITTEN** notice at 100% tuition is required for any disenrollment. Notice shall be effective on Friday of the week in which it is given for the following clear 2 weeks. Tuition shall continue to apply until child remains enrolled at Kiddiegarten and until formally disenrolled.
- PART-TIME SCHEDULE AND RATES:** Part-time schedules (2 day and 1 day, and ½ days) are not normally offered and is subject to availability. Flex days schedule can be offered at a 4-day rate.
- NON-REFUNDABLE:** Tuition and Fees once paid are non-refundable.
- INCREASE OF TUITION RATES:** Tuition rates can be increased with a 2-week notice to the enrolled families. Tuition rates are subject to increase from Labor Day week (1<sup>st</sup> week of September) every year.



# KIDDIEGARTEN SCHOOL OF MAPLE GROVE CHILD RECORD AND ENROLLMENT AGREEMENT

Enrollment Start Date:
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**CHILD'S BASIC INFORMATION**

Child's First Name		Child's Middle Name		Child's Last Name		Nick Name	
Child's Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female		Language(s) Spoken at Home:			
Home Address				City		State and Zip	
Height (Inches)	Weight (Pounds)	Hair Color		Eye Color	Current Tuition (For Office Use Only)		
Age Group at Enrollment <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School Age			Scheduled Days of Enrollment <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri			Scheduled Hours From _____ To _____	

**CHILD'S DIETARY, MEDICAL NEEDS AND ALLERGIES**

Special and/or Medically Prescribed Dietary Needs:

Vegetarian with Eggs in Baked Items or as Ingredient (no Eggs in the direct form)

Vegan (no dairy). Family needs to bring own meals and dairy free milk. We do not provide strict vegan meals.

Other \_\_\_\_\_ (Family may need to bring own meals and milk)

Allergies, if any (please complete allergy plan; family may need to bring own meals and milk)

Current Medical Needs or Conditions, and Medications, if any

Past Medical Conditions / Surgeries, if any

Does your child have any of the below?  No  Yes. If yes, please provide the most updated copy

<input type="checkbox"/> Individual Education Plan (IEP)	<input type="checkbox"/> Asthma Action Plan	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Behavior Plan
<input type="checkbox"/> Developmental Delay Plan	<input type="checkbox"/> Seizure Action Plan	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Other:

Would your child's therapists deliver services at Kiddiegarten?  No  Yes: What Schedule? \_\_\_\_\_

Other Special Needs, if any

**CHILD'S REGULAR MEDICAL AND DENTAL PROVIDER IN CASE OF EMERGENCY**
**PRIMARY MEDICAL CARE PROVIDER**

Name of the Primary Medical Clinic		Name of the Primary Care Physician	
Phone No. 1	Phone No. 2	Medical Insurance Provider and Number	
Address		City	State and Zip
Preferred <b>NEAREST</b> Hospital, in case of emergencies			

**PRIMARY DENTAL CARE PROVIDER – MUST BE ON FILE AS REQUIRED BY LAW**

Name of the Dental Clinic		Name of the Dentist	
Phone No. 1	Phone No. 2	Dental Insurance Details Provider and Number	
Address		City	State and Zip

**A COPY OF THIS COMPLETED PAGE MAY BE USED FOR MULTIPLE CHILDREN WITH SAME INFORMATION**

<b>Child's First Name</b>	<b>Child's Middle Name</b>	<b>Child's Last Name</b>	<b>Child's Date of Birth</b>
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**CHILD'S PARENT / GUARDIAN INFORMATION**

<b>PARENT / GUARDIAN #1</b>		<b>Relationship:</b> <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other _____	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodial Parent by Court <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Informal Caretaker or Step Parent			
First Name	Middle Name	Last Name	Date of Birth
Home Address, if different from Child's: <input type="checkbox"/> Same as Child		City	State and Zip
Home Phone	Work Phone	Cell Phone	E-Mail Address
Occupation		Organization Name	
Best way to reach when child is in attendance: <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Other _____			

<b>PARENT / GUARDIAN #2</b>		<b>Relationship:</b> <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other _____	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodial Parent by Court <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Informal Caretaker or Step Parent			
First Name	Middle Name	Last Name	Date of Birth
Home Address, if different from Child's: <input type="checkbox"/> Same as Child		City	State and Zip
Home Phone	Work Phone	Cell Phone	E-Mail Address
Occupation		Organization Name	
Best way to reach when child is in attendance: <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Other _____			

**FAMILY MEMBERS CHILD LIVES WITH (IN ADDITION TO PARENT / GUARDIAN)**

1) Name (First & Last)	2) Name (First & Last)	3) Name (First & Last)	4) Name (First & Last)
Relationship to the Child			
Age	Age	Age	Age

**LOCAL EMERGENCY CONTACTS AND AUTHORIZED PICK-UP PARTIES**

<b>LOCAL EMERGENCY CONTACT #1</b>		<b>Relationship with the Child:</b>	
First Name	Last Name	Cell Phone	E-Mail Address
Home Address		City	State and Zip
<b>LOCAL EMERGENCY CONTACT #2</b>		<b>Relationship with the Child:</b>	
First Name	Last Name	Cell Phone	E-Mail Address
Home Address		City	State and Zip

Child's First Name	Child's Middle Name	Child's Last Name	Child's Date of Birth
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## ENROLLMENT AGREEMENT AND AUTHORIZATIONS

**This Enrollment Agreement, effective on the date signed below, is between Kiddiegarten School of Maple Grove and the Parents / Guardians of the Child on this document. For good and valuable consideration, the receipt and sufficiency of which are hereby duly acknowledged, the Parents / Guardians of the Child hereto covenant and agree as follows:**

1. **LEGAL PARENTS / GUARDIANS:** We are the parents / guardians of the child being enrolled at Kiddiegarten. We agree to immediately notify Kiddiegarten of any legal custodial changes.
2. **CORRECTNESS OF INFORMATION:** We certify that the information provided in this form and enrollment documentation is accurate and to the best to our knowledge.
3. **CHANGES TO ENROLLMENT INFORMATION:** We agree to promptly update the information on this form within 10 calendar days, if there are any changes to the enrollment information.
4. **COMPLIANCE WITH POLICIES:** We have read and understood and agree comply with Kiddiegarten's tuition policies and all other policies contained in Family Orientation and Handbook. We agree that Kiddiegarten can modify the policies at their sole discretion without any notice as deemed necessary. Updated policies shall be communicated and are always available at the reception and/or website.
5. **TUITION RATES AND ENROLLMENT START DATE:** Tuition which is current at the time of enrollment start date shall apply, which at the time of executing this Agreement is \_\_\_\_\_. Once confirmed as above, the start date cannot be changed. Tuition obligations will start from the start date. Registration Fee and a 2-week non-refundable tuition is due at the time of submitting enrollment application or making spot reservation.
6. **NON-REFUNDABLE TUITION & FEES:** We agree that Tuition and Fees once paid are non-refundable.
7. **NOTICE OF DIS-ENROLLMENT:** We understand that we must give a CLEAR 2-week of WRITTEN notice at 100% tuition if we dis-enroll our child form Kiddiegarten for whatsoever reasons. Notice shall be effective on Friday of the week in which it is given.
8. **ILLNESSES, ABSENCES AND HOLIDAYS:** We agree that the tuition at Kiddiegarten is NOT actual attendance based. There shall be no refunds for illnesses, personal absences, and if Kiddiegarten opens late, closes early, or remains closed due to reasonable emergencies and inclement weather conditions. Further, Kiddiegarten shall be closed for 10 Public Holidays per year. These days are already factored into weekly tuition, and the bi-weekly tuition shall be charged as normal.
9. **EXCLUSIONS DUE TO COVID-19:** We are required to follow COVID-19 exclusion guidelines as recommended by CDC or Minnesota Department of Health (MDH). Regular tuition will continue to apply during COVID-19 related absences.
10. **RELEASE OF INFORMATION TO EMERGENCY CONTACTS:** We authorize Kiddiegarten to release any information pertaining to my child to emergency contacts when parents / guardians are not reachable or during emergency.
11. **ACCESS OF CHILD'S RECORDS:** We authorize Kindergarten's staff, health consultant, and DHS licensing, and government authorities to have access to my child's file.
12. **EMERGENCY AUTHORIZATION:** We authorize Kiddiegarten to take appropriate emergency measures as deemed necessary (e.g. First Aid, CPR, evacuation, etc.) while parents / guardians / emergency contacts are being reached. We understand that in case of a medical / dental emergency, my child will be transported to the Hospital as deemed necessary by local emergency resource (police / rescue squad). We agree that we will be financially responsible for such emergency treatments.
13. **GENERAL RELEASE:** We understand the risks of injuries from the use of equipment and facilities at Kiddiegarten or from playing with other children. We, along with our heirs and assigns hereby indemnify and hold Kiddiegarten and all its related parties harmless, and forever release them from all claims, liabilities, and damages in this regard.

14. **FOOD SERVICE RELEASE:** We authorize Kiddiegarten to provides meals to our child, and we, along with our heirs and assigns hereby indemnify and hold Kiddiegarten and all its related parties harmless, and forever release them from all claims, liabilities, and damages in this regard.
15. **INTERNAL PHOTOGRAPHY & VIDEOGRAPHY:** We authorize Kiddiegarten for the photography and videography of our child at Kiddiegarten for internal use only. For external / public relation use, a separate authorization shall be obtained.
16. **CCTV SECURITY CAMERA RELEASE:** We understand that Kiddiegarten has CCTV security camera system at the facility, and we and our child can be videotaped by it.
17. **PHOTOS OR VIDEOS OF OTHER CHILDREN:** We agree that we and our visitors will not use in any manner or publicly post the photo or videos which we receive from or take at Kiddiegarten that include other families' children.
18. **PART-TIME ENROLLMENTS:** If we have enrolled our child on a part-time basis, we understand that part-time enrollments are subject to availability and are temporary in nature. Kiddiegarten reserves the right to give priority to full-time enrollments. We agree that Kiddiegarten may request us to convert to full-time or dis-enroll our child with a 2-week notice, for giving the priority to full-time enrollments.
19. **RIGHT OF DISENROLLMENT:** We agree that Kiddiegarten reserves the sole right to dis-enroll my child if in my child's or Kiddiegarten's best interest, including but not limited due to: outstanding payments; health, safety and risk considerations; lack of our adherence to policies; lack of cooperation form us, and abusive behaviors and/or threats from us; when child is not able to settle at Kiddiegarten; when it is not a good fit; when child's special needs based on a documented disability cannot be appropriately met after making reasonable accommodations in 2-weeks of enrollment, etc.
20. **CONFIDENTIALITY:** We agree to maintain the confidentiality of any information we may receive in any manner related to other children, families, staff and Kiddiegarten business. This information may be privileged or protected by the privacy laws.
21. **COMMUNICATIONS:** We authorize Kiddiegarten to communicate with us by any means as necessary, until our child is enrolled, or until all tuition obligations have been met after disenrollment.
22. **RECOVERY OF OUTSTANDING TUITION:** An interest of 12% p.a. will be charged on outstanding dues. We agree that Kiddiegarten shall be entitled to the recovery of outstanding tuition including but not limited to: court fees, recovery expenses, attorney fees, collection agency fees etc.
23. **NON-SOLICITATION / BABYSITTING:** We agree not to solicit Kiddiegarten's staff and families for two years after disenrollment date, including their personal contact details.
24. **RESTITUTION OF DAMAGES:** Kiddiegarten reserves the right to seek restitution from us for the damages caused by our child to the properties of Kiddiegarten or other families due to an act of inappropriate behavior outside of normal play and usage.
25. **NON-ADVERSARIAL:** In case Kiddiegarten is not a good fit for our family and Child, we agree not to defame, cause damages, or deal in a manner adverse or detrimental to Kiddiegarten.
26. **JOINTLY OR SEVERELY:** For all enrollment related matters, signature of only one of the parent / guardians is sufficient, and both parents / guardians agree to be bound by this Agreement and tuition obligations jointly or severely.
27. **RECEIPT OF COPY:** The undersigned Parents / Guardians have received an executed copy of this Agreement and a copy of the Family Orientation and Handbook.

<b>Parent / Guardian #1 Signature</b>	<b>Date</b>	<b>Parent / Guardian #2 Signature</b>	<b>Date</b>
<b>Name:</b>		<b>Name:</b>	
<b>School Director Kiddiegarten School of Maple Grove</b>	<b>Signature:</b>		<b>Date:</b>

<b>Child's First Name</b>	<b>Child's Middle Name</b>	<b>Child's Last Name</b>	<b>Child's Date of Birth</b>
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**CHILD ACQUAINTANCE QUESTIONNAIRE FOR THE CLASSROOM**

**GENERAL FAMILY INFORMATION**

What time will you usually drop-off your child?	
What will help you and your child say good-bye to each other in the morning?	
What time will you usually pick-up your child?	
Who are the people important to your child?	
Briefly describe your unique culture and traditions e.g. food, ethnic wear, art, music, cultural events etc. which you think may be easily and appropriately incorporated into our program. Attach separate sheet, if necessary.	
Do you want us to take note of any cultural <b>restrictions</b> such as celebrating Halloween; Christmas or other festive decorations; Santa visit etc.	
<b>CHILD'S ETHNICITY</b>	<input type="checkbox"/> White <input type="checkbox"/> African or Black <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hawaiian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Bi-Racial / Multi-Ethnic <input type="checkbox"/> Unknown or Other

**DESCRIPTION OF CHILD'S HABITS – ANSWER APPROPRIATELY FOR INFANTS**

<b>EATING:</b> Describe your child's Eating Habits (good eater, picky eater, slow eater, favorite food, etc.)
<b>NAPPING:</b> Does your child nap between 12:00 Noon to 3 PM? <input type="checkbox"/> Yes <input type="checkbox"/> No (Toddlers are required to Nap) Describe your child's daytime Napping Habits (What helps your child to fall asleep: security blanket, stuffed toy etc.)
<b>TOILETING / DIAPERING:</b> Is your child potty trained? <input type="checkbox"/> Yes <input type="checkbox"/> No, uses diapers Does your child use diapers / pull-ups during napping? <input type="checkbox"/> Yes <input type="checkbox"/> No, fully potty trained How frequently does your child have a bowel movement during the day? _____ How does your child communicate for urination / bowel movement? _____
<b>COMMUNICATING:</b> How does your child communicate on his/her needs?
<b>COMFORTING:</b> Describe effective methods of comforting your Child

**CHILD'S GENERAL INTERESTS AND BEHAVIOR – ANSWER APPROPRIATELY FOR INFANTS**

Has your child had previous child care experience? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, briefly describe the experience.
What is your child's favorite toy?
What is your child's favorite fun or play activity?
What are your child's special interests?
What best describes your child's most usual emotional behavior: <input type="checkbox"/> Active <input type="checkbox"/> Calm <input type="checkbox"/> Cheerful <input type="checkbox"/> Independent <input type="checkbox"/> Quiet <input type="checkbox"/> Sensitive <input type="checkbox"/> Shy <input type="checkbox"/> Social <input type="checkbox"/> Talkative
Describe your child's social emotional behavior.
What behaviors are most challenging, and what are the best ways to effectively deal with them.



Classroom: \_\_\_\_\_

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

## INFANT FEEDING INSTRUCTIONS

*We, the parents / guardians of the child named below, agree that we will update Kiddiegarten on our infant child's feeding changes based on child's developmental needs **USING THIS FORM** immediately after consulting child's pediatrician **once the appropriate feeding stage is reached (Stage 2 & Stage 3)**. We understand that Kiddiegarten will only feed our child only based on our instructions.*

CHILD INFORMATION			
First Name	Middle Name	Last Name	Date of Birth

❖ PLEASE GIVE THIS FORM TO THE OFFICE AND NOT TO THE CLASSROOM TEACHER ❖

<p><b>STAGE 1</b></p> <ul style="list-style-type: none"> <li>6 Week to 6 Months</li> <li>Formula / Breast Milk</li> </ul>	<input type="checkbox"/> Formula: Quantity (oz) _____ Interval (Hrs.) _____ Feeds / day _____ <input type="checkbox"/> Breast Milk: Interval (Hrs.) _____ Feeds / day _____ <b>Remarks:</b> _____
<p><b>STAGE 2</b></p> <ul style="list-style-type: none"> <li>6 to 8 Months</li> <li>Single Ingredient Puree</li> </ul>	<input type="checkbox"/> Formula: Quantity (oz) _____ Interval (Hrs.) _____ Feeds / day _____ <b>CEREALS:</b> <input type="checkbox"/> Assorted Baby Cereal <input type="checkbox"/> Pancake <input type="checkbox"/> Rice <input type="checkbox"/> Bread <input type="checkbox"/> Pasta <b>VEGETABLES:</b> <input type="checkbox"/> Sweet Potato <input type="checkbox"/> Potato <input type="checkbox"/> Carrot <input type="checkbox"/> Green Pea <input type="checkbox"/> Green Bean <input type="checkbox"/> Avocado <input type="checkbox"/> Squash <input type="checkbox"/> Cucumber <input type="checkbox"/> Tomato <b>FRUITS:</b> <input type="checkbox"/> Apple Sauce <input type="checkbox"/> Banana <input type="checkbox"/> Pear <input type="checkbox"/> Orange <input type="checkbox"/> Peach <input type="checkbox"/> Plum <input type="checkbox"/> Grape <input type="checkbox"/> Strawberry <input type="checkbox"/> Blueberry <input type="checkbox"/> Watermelon <input type="checkbox"/> Melon / Honeydew <b>PROTEINS:</b> <input type="checkbox"/> Cheese <input type="checkbox"/> Pinto Bean <input type="checkbox"/> Egg <input type="checkbox"/> Turkey <input type="checkbox"/> Chicken <b>SNACKS:</b> <input type="checkbox"/> Puff <input type="checkbox"/> Yogurt <input type="checkbox"/> French Toast Stick <input type="checkbox"/> Cheese Toast <p style="color: red; font-weight: bold;"><i>We generally serve above items freshly prepared onsite. Parents can also provide their own foods in single serving containers.</i></p> <b>Remarks:</b> _____
<p><b>STAGE 3</b></p> <ul style="list-style-type: none"> <li>9 to 12 Months</li> <li>Combination Foods</li> <li>Puree, small cut, soft / well cooked food</li> </ul> <p style="color: red; font-weight: bold; text-align: center;"><b>AFTER TRYING AT HOME FIRST, MARK THE ITEMS FOR YOUR CHILD BASED ON THE CURRENT STAGE.</b></p>	<input type="checkbox"/> Whole Milk, <b>using sippy cups</b> <input type="checkbox"/> As per bi-weekly menu
<p><b>STAGE 4</b></p> <ul style="list-style-type: none"> <li>12 to 15 months</li> <li>Regular Menu, small cut</li> </ul>	<input type="checkbox"/> Whole Milk, <b>using sippy cups</b> <input type="checkbox"/> As per bi-weekly menu

Parent / Guardian #1		Parent / Guardian #2	
Signature	Date	Signature	Date
Name:		Name:	





**KIDDIEGARTEN SCHOOL OF MAPLE GROVE**  
**CHILD ALLERGY CARE PLAN**  
For Preventing and Responding to Known Allergies

**CHILD INFORMATION**

First Name	Middle Name	Last Name	Date of Birth
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**BACKGROUND**

Pursuant to Minnesota Statute 245A.41, subd. 1, before admitting a child for care, the license holder must obtain documentation of any known allergy from the child's parent or legal guardian or the child's source of medical care. If a child has a known allergy, the license holder must maintain current information about the allergy in the child's record, which must include but not be limited to ***a description of the allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, and procedures for responding to an allergic reaction, including medication, dosages, and a doctor's contact information.***

**INSTRUCTIONS:**

1. Please complete one form per child with known allergy.
2. All known allergies must be duly noted on the Health Care Summary form, and signed by the physician.
3. The Health Care Summary form must be updated if new allergies are identified.
4. Physician's allergy action plan along with a picture of the child must be attached with this form.
5. Parents / Guardian must ensure that all areas of this form adequately completed.

Type of Allergy:  Food  Medication  Environmental  Other \_\_\_\_\_

A) Provide description of **EACH** known allergy / allergies

B) Describe specific triggers of an allergic reaction for **EACH** allergy

C) Describe avoidance techniques for **EACH** allergy

D) **Signs and symptoms of an allergic reaction for EACH** allergy



# KIDDIEGARTEN SCHOOL OF MAPLE GROVE CHILD ALLERGY CARE PLAN

For Preventing and Responding to Known Allergies

## CHILD INFORMATION

First Name	Middle Name	Last Name	Date of Birth

E) *Procedures for responding to an allergic reaction, including medication, dosages for **EACH** allergy*

F) *Additional Information*

G) *Doctor's contact information:*

Name of the Doctor	
Name of the Clinic	
Address:	
Phone Number:	

Parent / Guardian Name		
Signature		
Date		



## Kiddiegarten School of Maple Grove

### Release of Medical Information for Child Care Center – DHS Health Care Summary Form

Name of the Child Enrolled at Kiddiegarten			Date of Birth
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	

<b>Patient ID (if any)</b>	
----------------------------	--

*I, the Parent / Guardian of the child named above, hereby authorize the below named **health care source** to the release the medical information of my child named above, to Kiddiegarten School of Maple Grove for the purposes of completing the DHS required child care center Health Care Summary and Immunization Forms.*

<b>Clinic Name</b>	
<b>Clinic Address</b>	
<b>Physicians Name</b>	
<b>Clinic Fax Number</b>	

<b>Name of Parent / Legal Guardian</b>	
<b>Signature</b>	
<b>Date</b>	

# HEALTH CARE SUMMARY

**MUST BE COMPLETED BY HEALTH CARE SOURCE**

**Provider can Fax the  
completed form  
to Kiddiegarten School  
at 763-951-2285**

Date of Enrollment: \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

Birth Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

Telephone \_\_\_\_\_

PARENT(S) OR GUARDIAN \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ How long have you been seeing this child? \_\_\_\_\_

How frequently do you see this child when he/she is not ill? \_\_\_\_\_

Does this child have any allergies (including allergies to medications)? \_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that might result in an emergency? \_\_\_\_\_

What is the status of the child's . . . Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Please list below the important health problems

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed By Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>
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Other information helpful to the child care program \_\_\_\_\_

Phone \_\_\_\_\_

**Signature of Health Source** \_\_\_\_\_ Address \_\_\_\_\_

**Date** \_\_\_\_\_

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

# Immunization Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>				
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>				
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>				
Pneumococcal (PCV)	<input type="text"/>				
Polio	<input type="text"/>				
Measles, Mumps, Rubella (MMR)	<input type="text"/>				
Chickenpox (varicella)	<input type="text"/>				
Hepatitis A	<input type="text"/>				
Tetanus, Diphtheria, Pertussis (Tdap)	<input type="text"/>				
Meningococcal (MCV4)	<input type="text"/>				

Attach a printout of Completed Immunizations

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

**Instructions for parent or guardian:**

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child’s immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child’s immunization history. If you are missing or need information about your child’s immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.

**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name \_\_\_\_\_

**1. Document a medical and/or non-medical exemption (A and/or B).**

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*)

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of parent or guardian)

Notary Signature: \_\_\_\_\_

Notary Stamp

STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

**3. Consent to share immunization information:** This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)



## PHOTO AND VIDEO PERMISSION AND USE AUTHORIZATION

CHILD INFORMATION			
First Name	Middle Name	Last Name	Date of Birth

As per Enrollment Agreement, we authorize Kiddiegarten for the photography and videography of our child named above at Kiddiegarten for internal use only.

If consented in the table below, then for the value received and without any additional consideration, we also agree that all photos and videos of my child taken at Kiddiegarten may be used at any time by Kiddiegarten for the purposes of illustration, advertising and publicity, in any manner or in any form, including in broadcast, print, electronic and social media. We, along with our heirs and assigns hereby indemnify and hold Kiddiegarten and all its related parties harmless, and forever release them from all claims, liabilities, and damages in this regard and from any unauthorized use by any third party

Purpose	Sign for Yes
Group Photos and Videos for Smartphone App, which will be sent to other Families, who may share them on their personal social media, although against our Enrollment Agreement.	
External use such as Kiddiegarten Website and Social Media	

<b>Parent / Guardian #1 Signature</b>	<b>Date</b>	<b>Parent / Guardian #2 Signature</b>	<b>Date</b>
<b>Name:</b>		<b>Name:</b>	



## NON-ORAL NON-PRESCRIPTION TOPICAL AUTHORIZATION

CHILD INFORMATION			
First Name	Middle Name	Last Name	Date of Birth

We authorize Kiddiegarten that the following topical products, **if provided by us**, may be applied **AS NEEDED** to my child as per manufacturers' directions up to their expiration date.

We will provide these products in their original unopened container, **labelled with our child's first and last name**.

- Diaper wipes, diaper cream, diaper ointment
- Skin lotion, skin cream, skin oil, lip balm
- Sunscreen (Lotion type only)
- Insect repellent

Parent / Guardian #1 Signature	Date	Parent / Guardian #2 Signature	Date
Name:		Name:	





## ENROLLMENT CHECKLIST

*Please verify and include this checklist with the paperwork to ensure completeness*

CHILD INFORMATION			
First Name	Middle Name	Last Name	Date of Birth

CHECK	REQUIREMENTS
<input type="checkbox"/>	Dentist information (required by law)
<input type="checkbox"/>	Two local Emergency Contacts (required by law)
<input type="checkbox"/>	Both parents / guardians have signed all the forms in ink
<input type="checkbox"/>	Backup credit / debit card information provided
	<b>SUPPORTING DOCUMENTS</b>
<input type="checkbox"/>	Printout of Immunizations Record
<input type="checkbox"/>	Child's Birth Certificate
<input type="checkbox"/>	Driver's License or ID Card for both Parents / Guardians
<input type="checkbox"/>	Check for \$150 Registration Fee plus 2-week tuition
<input type="checkbox"/>	Health Care Summary to be provided within 2 weeks
	<b>SPECIALIZED FORMS &amp; DOCUMENTS (IF APPLICABLE)</b>
<input type="checkbox"/>	Infant Feeding Instructions, for infants only (less than 16 months)
<input type="checkbox"/>	Allergy Plan, if the child has known and documented allergies
<input type="checkbox"/>	Child specific developmental / health or plans
<input type="checkbox"/>	Child custody documents

## OUR MISSION

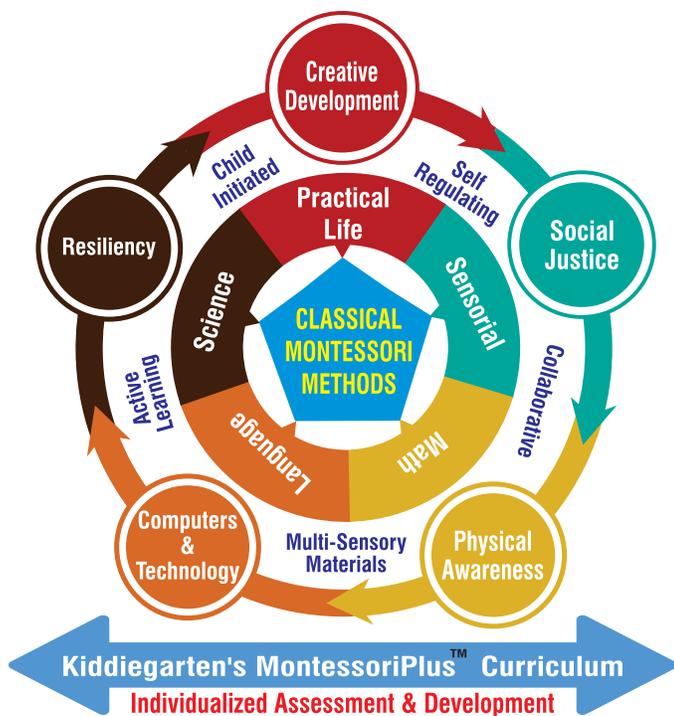
*To provide safe and nurturing early education exceeding the expectations of families, while continually benchmarking with the best practices and standards of early childhood education.*

## OUR VISION

*To be the leading early learning school of choice*

## MONTESSORI PLUS CURRICULUM

### Research Based Enrichments to Montessori



Our **MontessoriPlus™** curriculum takes classical Montessori a step further by enriching it with research based additions. We deliver core elements of Montessori education in the areas of Practical Life, Sensorial, Language, Math, and Science using core Montessori philosophy of child initiated, self-regulating, collaborative, and active-learning using multi-sensory materials. The classroom environments are designed for exploration into learning centers that have classic Montessori equipment as a foundation. In addition, our enriched **MontessoriPlus™** curriculum provides development and education in the areas of Creative Development, Social Justice, Physical Awareness, Computers and Technology, and Resilience. This is intended to provide a seamless transition to elementary school. Our curriculum also aligns with the Minnesota Department of Education Early Childhood Indicators of Progress (ECIP). We provide individualized developmental assessment, family conferences, and customized development plan. In summary, we are committed to providing an enriching environment where young children with absorbent minds and boundless potential can develop 21<sup>st</sup> century skills.



**Kiddiegarten**

**Kiddiegarten School of Maple Grove**

9495 Garland Ln N, Maple Grove, MN 55311

Tel: 763.951.2487 ♦ Fax: 763.951.2285 ♦ [director@kiddiegarten.com](mailto:director@kiddiegarten.com) ♦ [www.kiddiegarten.com](http://www.kiddiegarten.com)

**Hours of Operation: 6:30 AM to 6:30 PM ♦ Admin Hours: 8:00 AM to 4 PM**

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