



ROSEVILLE: 1125 County Road B W, Roseville, MN 55113  
651-644-2405

MAHTOMEDI: 720 Wildwood Road, Mahtomedi, MN 55115  
651-340-2938

763-592-7970 FAX

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

## 2018-2019 Enrollment Packet

	Enrollment Application
	Enrollment & Tuition Agreement
	Auto Payment Enrollment Application
	Children's Record and Registration
	Child's Personal Information
	Enrollment Authorizations
	Emergency Authorization Form
	Registration Fee
	Tuition Deposit (2 weeks)

Also required:

	Child Care Immunization Record
	Health Care Summary

To Register:

- 1) Confirm space availability with the Director
- 2) If your start date is less than 3 months away, fill out the application packet in its entirety and return it to the Center along the tuition deposit. If your start date is 3 months or longer away, you may wish to wait to submit the Child's Personal Information form so that it is more current to your child upon enrollment.
- 3) All registration materials, including the Health Care Summary Form and Immunizations List, and the registration fee should be submitted at least one week in advance of your start date.
- 4) For new families wishing to enroll for the fall of 2019-20, please submit your application by March 30, 2019 for best consideration for enrollment. All enrolled families are continuous.



## Enrollment Application

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Please share with us how you heard of our Center?

Please describe what most interests you about enrolling your child at BCEC?

What benefits do you most hope your child will gain from becoming bilingual/ learning a second language?

BCEC encourages family involvement and focuses on building a community of families who support a quality early childhood experience for all children in the Center. Are there any special talents you would be willing to share as a volunteer or by visiting the children's classroom at a convenient time?

Please circle any of the following activities you would be interested in participating in as a volunteer:

Field trip chaperone

Speak with prospective parents

Read with the children

Share about your career

Assist with family cultural nights

Volunteer in the classroom



## Enrollment and Tuition Agreement

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

### Child Care & Education Enrollment Options

**January 1, 2019 – July 31, 2021**

7:00am – 5:30pm M-F

Tuition prices are assigned by age (infant: 2-15 mos), toddler (16-32 mos), & preschool (33 mos to 5 yrs/prek)

✓ (check one)	Schedules	Age	Weekly Fee
	Full Time 4-5 days M-F	2-15 months	\$362.50
		16-32 months	\$320
		33 months - 5yrs	\$295
	Part Time 3 days M/W/F	16-32 months	\$255
		33 months - 5yrs	\$235
	Part Time 2 days T/TH	16-32 months	\$195
		33 months - 5yrs	\$185

**\*\*There is no half day pricing.**

**LOCATION PREFERENCE:** I am choosing to enroll my child at the following location:

- Roseville
- Mahtomedi

**START DATE:** Date child will begin attending *Bilingual Child Care & Education Center*: \_\_\_\_\_

**REGULAR HOUR OF ARRIVAL:** My child will arrive at the Center at \_\_\_\_\_ am.

**REGULAR HOUR OF PICK UP:** My child will be picked up from the Center at \_\_\_\_\_ pm.

*You are welcome to use the center from 7:00-5:30 but we ask you to let us know if you will be regularly dropping off and picking up at set times so that we can ensure appropriate child/staff ratios at all times.*

- I plan to enroll my child year-round.**
- I need summer care only.**
- I do not need care in the summer.**
- MULTIPLE CHILDREN ENROLLED:** If more than one child is enrolled in the center, tuition for the 2<sup>nd</sup> child will be discounted by 10%. (Discount will apply to the child with the lower rate of tuition.) The discount does not apply to other fees.

Number and ages of children enrolled: \_\_\_\_\_

*Requests for arranging **drop off/pick up on a public school bus to/from a 4-year old program** must be made in advance and may not be possible if it causes undue hardship for staffing issues. Approvals will be made on a case by case basis.*

### Financial Policies

1. **Registration Fee: \$90/Child:** I (we) agree to pay *Bilingual Child Care & Education Center* a non-refundable registration fee that covers the registration process and materials. This fee is due at the time of enrollment or non-continuous re-enrollment and does not apply to tuition.
2. **Tuition Deposit: 2 weeks of tuition payments:** I (we) agree to pay *Bilingual Child Care & Education Center* a two-week Tuition Deposit at the time of registration to hold space for enrollment or to join the wait list. (See Parent handbook page 10 for details on refund/cancellation policies.) The deposit is based on my child's tuition per age and schedule chosen above. The deposit will be applied to the last two weeks of attendance. **CHECKS WRITTEN FOR TUITION DEPOSITS WILL BE CASHED UPON RECEIPT.**



3. **Ongoing Tuition Payments:** I (we) agree to pay *Bilingual Child Care & Education Center* ongoing tuition payments in advance of care in two week increments. Tuition Due Dates are listed in the Parent Handbook. Payments are due the Friday that precedes the two week period it will cover. Each family will receive regular invoices. The delay of receipt of an invoice should not prevent payment of tuition. Tuition is consistent and due dates are provided for the entire year. (Families are required to sign up for automatic bank account payments.)
  4. **Other Fees:** I (we) understand that I may be assessed additional fees for field trips (\$15/may vary), late pick-ups (\$20), Insufficient funds/Returned payment (\$25). (See Parent Handbook for more detailed information on late pick-ups.)
  5. **Vacation, Illness, Holidays, and School Closures:** I (we) understand that I am responsible to pay tuition regardless of illness, absence, school closure, and/or holidays. Tuition will not be adjusted for absences due to illness, school closure for holidays or due to weather conditions. (approved holidays are listed in the Parent Handbook) If snow/weather forces the closure of the Center, notice will be given via email no later than 6:00am.
  6. **Withdrawing from Enrollment/Change of Enrollment:** I (we) understand that by signing this form that my child will be enrolled continuously for the schedule I choose until such a time I indicate a change of schedule or withdrawal. If I choose to change my schedule or withdraw my child(ren) from the Center I will provide **written notice 30-days** in advance of the desired schedule date or the final date of attendance. The final two weeks shall be covered by the tuition deposit I provided at time of enrollment. An Enrollment Withdrawal Form is available at the end of this packet for you to retain and on the website [www.bilingualchildcare.com](http://www.bilingualchildcare.com).
  7. I (we) understand that I will be notified of any **tuition rate adjustments** no later than April to take effect in August.
  8. *Bilingual Child Care & Education Center* reserves the right to terminate enrollment at will. Examples of potential situations that could result in suspension/disenrollment/termination include:
    - A child exhibiting unmanageable behavior;
    - A child with educational or medical needs for which the school does not have the expertise or resources to manage;
    - If we feel we are unable to satisfy a family's expectations;
    - If financial obligations are not met on a timely basis;
    - If a family shows disrespect/disregard of any staff member, parent, or child;
- \*\*When possible, the Center will provide a two-week notice to parents, but reserves the right to issue an immediate or shorter notice of disenrollment as deemed necessary. In such a situation, the tuition deposit will not be refunded.
9. Along with the Enrollment Packet I have received a copy of the *Bilingual Child Care & Education Center's* Parent Handbook and I agree to adhere to the policies and procedures contained within. I have read the conditions of this enrollment/tuition agreement, and I understand and accept each condition as a policy of *Bilingual Child Care & Education Center, Inc.*

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_



## Auto Payment Enrollment

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Participation in the Center's ACH auto pay program is mandatory unless other payment plans are approved by the administration.

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

Name: \_\_\_\_\_

My first ACH payment will be deducted in advance of care on Friday before my first tuition period, and biweekly on Fridays thereafter. **My enrollment date is:**

\_\_\_\_\_  
*\*\*I understand that I will receive an invoice during the week prior to my payment processed on Friday. Furthermore, I understand that my tuition and any additional fees (field trips/late pick up fees etc...) will be included on my invoice and included in the amount deducted in my automatic payment.*

Name of Bank/Financial Institution: \_\_\_\_\_

Type of account: (checking/saving) \_\_\_\_\_

Name on Account: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

I understand that my auto payments will be processed internally by BCEC staff. Furthermore, I understand that if I should choose, I will have the **flexibility to temporarily suspend a payment by sending an email to [leah@bilingualchildcare.com](mailto:leah@bilingualchildcare.com)** no later than Thursday evening prior to the Friday processing date.

I understand that my personal financial and banking institution information will be maintained confidential and secure.

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Signature

Date



## Children's Record and Registration Form

Child's Name (First, Middle, Last) \_\_\_\_\_

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

Nickname \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Child Lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other - Please describe: \_\_\_\_\_

Child's Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Parent Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Partnered \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Occupation \_\_\_\_\_

The best way to reach Parent/Guardian while child is at the Center: \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Business Address/School \_\_\_\_\_ Occupation \_\_\_\_\_

The best way to reach Parent/Guardian while child is at the Center: \_\_\_\_\_

Name(s) and telephone of other adults authorized to take child from the Center

1) \_\_\_\_\_

2) \_\_\_\_\_

Emergency Contacts (Name, Relationship, Phone, Address) – **MUST BE FILLED OUT COMPLETELY**

1) \_\_\_\_\_

2) \_\_\_\_\_



## Children's Personal Information Form

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Child's Name:

Birth Date:

Date:

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### HEALTH INFORMATION

Name, address, and telephone of medical and dental care providers

MEDICAL

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DENTAL

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PREFERRED HOSPITAL

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Has your child been seen by a medical specialist other than their regular MD? Please describe.

Is your child taking any medications now (including laxatives, vitamins, etc...)

Do you have concerns about your child's hearing or vision?

Does your child have any challenges (physical/other) or serious illness/disease?

Has your child had any serious accidents/poisonings/hospitalizations?

Has your child had any of the following: (Please circle)

3 or more ear infections in the last year    3 or more colds with fever in the last year

Premature birth    birth injury/defect    Trouble breathing at birth    Convulsions/seizures    Head injury

Allergies: Eczema, hives, drug/food intolerance, hay fever, wheezing, asthma, insect stings

Please describe:

Please describe any other specific dietary, medical, or other individualized needs not previously mentioned.

Have you made special arrangements for the care of your child should they become ill at the Center?



## ALL CHILDREN

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Please describe your child's personality:

What are your child's favorite activities?

Does your child enjoy playing with others?

What are the primary and secondary languages spoken at home?

Does your child have previous experience in a group setting? Y / N, please describe:

Communication behaviors:

Please describe how your child responds to interaction with adults and other children and to being separated from parents:

How do you comfort your child? (Does your child have a special blanket, stuffed animal, or toy they use for comfort?)

Please describe any other special needs, fears, or concerns you have about your child that you would like us to know about:

Is there any information you would like us to know related to your child's/family's race, religion, home language, culture, or family structure?

What goals do you have for your child this year? (Social, Emotional, Physical)

*\*\*Note on conferences: Your child's teacher will schedule conferences with you twice during the school year – in November and March to discuss your child's development and progress.*

Other children in the household (Name, Age, Relationship)

Other adults regularly in the household (Name, Age, Relationship)

Other important people in your child's life (Name, Age – if applicable, Relationship)





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### CHILDREN 33 MONTHS TO 5 YEARS

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Please describe your child's habits related to:

Eating:

Sleeping (naps – frequency and length):

Toileting (fully toilet trained? Needs help? Other?):

Dressing:

Are there any discipline techniques you use with your child that work well?

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### INFANTS AND TODDLERS 2-33 MONTHS

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Do you have any special way of helping your child go to sleep?

Does your child cry when they go to sleep?

What is your child's current sleeping schedule?

Does your infant (2-15 months) prefer to sleep on their stomach, side, back?

Does your child use a pacifier?

Does your child need a blanket or toy to sleep?

Will your baby drink breast milk or formula at the Center & what kind of formula (if applicable) and bottle do you use? (Please fill out the infant feeding schedule form.)

Has your child had any feeding problems? Please describe:

Do you use cloth or disposable diapers?

Does your child experience diaper rash and how do you treat it?



## Enrollment Authorization

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**Authorization for Emergency Care & Treating Minor Injuries or Accidents & Administer Over-the-Counter Products:** I hereby authorize staff of *Bilingual Child Care & Education Center* to administer medical treatment and /or first aid for any minor injury or accident while my child is in their care. In addition, I authorize the use of **diaper wipes, ointments, insect repellents, and sunscreen**. I give my permission for emergency care decisions to be made by *Bilingual Child Care & Education Center* staff regarding my child in the event of any emergency. Please indicate if any of the above in bold is not authorized.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permission to Participate:** I hereby grant permission for my child to participate in any and all of the school activities and to use the play equipment to include all indoor and outdoor toys and equipment.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Field Trip Permission:** I hereby give my permission for my child to participate in neighborhood walks, visits to the playground/library/park by means of walking. I give my permission for field trips requiring transportation in a chartered vehicle and must sign an additional and specific permission slip for my child to attend an event, function, or to leave the premises on a chartered vehicle. I reserve the right to decline my child's participation in any excursion off the premises.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child Protection Service Acknowledgment:** In the event that *Bilingual Child Care & Education Center* has reason to suspect the occurrence of physical, sexual, or emotional abuse, neglect or exploitation of a child, we will, as required by Minnesota Law, report the incident immediately by telephone to the Child Protective Services and/or the appropriate authorities.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Persistent Unacceptable Behavior and Termination of Care Policies:** I have read and understand the Center's policies on persistent unacceptable behavior and termination of care.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Providing updates to the Center when enrollment information changes:** I understand that I am responsible to provide updates to the Center if any information in the Enrollment Materials needs to be updated, including a health care summary and immunizations at 33 months and following well-child visits, address/contact info, emergency contact, persons authorized for pick up, medical information etc... (The Center will send quarterly reminders via email to all parents.)

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Use of children's images & Publicity Participation:** Permission is given for my child's image to be captured (photos/short video clips) during school activities. Images will only be used internally among our community of families/within our Center. I understand that the use of any image that shows my child's face that the Center may wish to use for promotion on the Center's website, social media, or elsewhere externally WILL NOT be used without an additional notification via email that includes the image to be used, explains the intended use, and giving the parent an opportunity to opt out. Any image used internally or externally will not include any child's name and will remain anonymous. I relinquish all rights, title, and interest in the images.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please follow us on

Facebook (<https://www.facebook.com/Bilingual-Child-Care-Education-Center-168940113177064/>)



**Emergency Authorization Form**

Child's Name (First, Middle, Last) \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Mother/Guardian \_\_\_\_\_ Daytime phone \_\_\_\_\_

Child's Father/Guardian \_\_\_\_\_ Daytime phone \_\_\_\_\_

Emergency Contacts (Name, Relationship, Phone, Address – must be included.)

1) \_\_\_\_\_

2) \_\_\_\_\_

MEDICAL (name, phone & address) \_\_\_\_\_

DENTAL (name, phone & address) \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_

Last DPT: \_\_\_\_\_

Weight: \_\_\_\_\_

Allergies or other significant medical information including medications (Write on back if necessary): \_\_\_\_\_

I give permission to Bilingual Child Care & Education Center to make whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of their Center. In case of medical emergency, I understand that my child will be transported to appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. I understand that in some medical situations it may be necessary to contact the emergency resource before the parent.

Parent Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_



## Registration and Tuition Deposit Payment

(You may retain this form for your records.)

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

**Tuition Deposit (2 weeks) – applied to last two weeks of care following termination notice. (Eligible for refund with a written notice made 30-days in advance of first day.)**

Amount of Tuition Deposit: \_\_\_\_\_

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

Check Number: \_\_\_\_\_

*\*\*First two weeks of tuition is also due prior to the first day of class/care.*

### Registration Fee (non-refundable)

\$90 Registration Fee: \_\_\_\_\_

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

Check Number: \_\_\_\_\_



## Notice of Withdrawal from Enrollment

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

My child is starting kindergarten in the fall.

Other reason for withdrawing from enrollment: \_\_\_\_\_

My child will withdraw from enrollment with Bilingual Child Care & Education Center.

Today's Date: (must be 30 days in advance of final date of attendance): \_\_\_\_\_

The final date of attendance will be: \_\_\_\_\_

Amount of Tuition Deposit: \_\_\_\_\_

My 2-week tuition deposit will be applied to the following last two weeks of care:

\_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_