



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

2019-2020 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) Fill out the enrollment reservation request and submit your tuition deposit.
- 2) We recommend waiting to complete and submit the enrollment packet until the month before your confirmed start date so that all information is current.
- 3) All registration materials, including the Health Care Summary Form and Immunizations List, should be submitted at least one week in advance of your start date. We will process your registration fee with your first tuition payment.



Enrollment Application

How did you hear of our Centers?

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 at 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 – December 31, 2020

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	12-15 months (Mahtomedi Only)	\$290
		16-32 months	\$255
		33 months - 5yrs	\$235
	Part Time 2 days T/TH	12-15 months (Mahtomedi Only)	\$224.75
		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
- ☐ I am open to enrollment at either location

PREFERRED 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 we can ensure appropriate child/staff ratios at all times.

Enrollment for the schedule you choose is continuous until a notice of withdrawal is given. The notice of withdrawal must be made 4 weeks in advance of your last day.

- ☐ I plan to enroll my child year-round.
- ☐ I need summer care only.
- ☐ I do not need care in the summer.

****If families withdraw for the summer, we cannot guarantee your space back in the fall.**

- ☐ **MULTIPLE CHILDREN ENROLLED:** If more than one child is enrolled in the Center, tuition for the 2nd child will be discounted by 10%. The 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 due to 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:** A two-week tuition deposit pre-pays the final two weeks of attendance and is required to reserve space for your child's enrollment or when joining the wait list. Your deposit matches your child's weekly tuition rate and will be adjusted if your child's tuition rate changes due to schedule changes or tuition increases. **The Center does not hold deposit checks – they will be cashed and applied to the family's account.**
 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 via ACH from our bank account. Payments will be 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 participate in the Center's bi-weekly ACH automatic bank account payment system for tuition payments (Alternate payment arrangements may be requested and will be considered). The Center does not accept cash payments. Tuition is applied for full weeks and will not be prorated.
 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 Center Closures:** I (we) understand that I am responsible to pay tuition regardless of illness, absence, Center closure, and/or holidays. Tuition will not be adjusted for absences due to illness, Center closure, holidays or weather conditions (approved holidays are listed in the Parent Handbook). If snow or weather forces the closure of the Center, notice will be given via email no later than 6:00am that day.
 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 4-week notice** 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.
 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 for 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 and tuition agreement, and I (we) understand and accept each condition as a policy of *Bilingual Child Care & Education Center, Inc.*

Signature of Parent: _____ Date: _____



Auto Payment Enrollment

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 on the Friday in advance of the tuition period I will begin attendance, and bi-weekly on Fridays thereafter. **My first date of attendance is:**

***I understand that I will receive an invoice during the week my payment is due. 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 with 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** 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.

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 _____ 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 AND CANNOT INCLUDE PARENTS/GUARDIANS LISTED ABOVE**

1) _____

2) _____



Children's Personal Information Form

Child's Name:

Birth Date:

Date:

HEALTH INFORMATION

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

MEDICAL

DENTAL

PREFERRED HOSPITAL

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

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:

Please describe your child's 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):



CHILDREN 33 MONTHS TO 5 YEARS

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?

INFANTS AND TODDLERS 2-33 MONTHS

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, or 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 and 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

Authorization for Emergency Care & Treating Minor Injuries or Accidents & Administering 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 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 and 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, cannot include parents/guardians listed above)

1) _____

2) _____

MEDICAL PROVIDER (name, phone & address) _____

DENTAL PROVIDER (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 an 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 at least 60 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

Child's Name: _____

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

Reason:

☐ My child is starting kindergarten in the fall.

☐ Other reason for withdrawing from enrollment: _____

Today's Date (must be 4 weeks 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: _____