2023-2024 School Year
Enrollment Form
Early Education Center

MINNESOTA STATE UNIVERSITY
MOORHEAD
A member of the Minnesota State system

Today's Date: _____ Year _____ Child's Date of Birth_____

Part 1

All information in part 1 of this form will be considered confidential and used only by the center for purposes required by licensing.

NAME OF CHILD: _____ Nickname: _____

Date of Enrollment: _____ Sex: ❑ Male ❑ Female ❑ Non-Binary

GENERAL INFORMATION

Home Address _____
street city state zip

Home Phone _____

E-mail _____
*Please list all email addresses you would like on the listserve

PARENT'S/GUARDIAN'S NAME: _____ Social Security #_____ Dragon ID #_____

Occupation _____ Cell Phone _____

Business Address _____ Business Phone_____

PARENT'S/GUARDIAN'S NAME: _____ Social Security #_____ Dragon ID #_____

Occupation _____ Cell Phone _____

Business Address _____ Business Phone _____

The State of Minnesota requires that you list **two** people who will assume contact in an emergency and are authorized to take child from care if you cannot be reached:

1. _____ Address _____ Phone_____
(put actual address please)

2. _____ Address _____ Phone_____
(put actual address please)

Your child will be released only to your care unless we are given authorization to release her/him to someone else. List anyone else to whom you may be giving this authorization. For security, we need to have a photo of that person for our files.

1. _____ Address _____ Phone_____

2. _____ Address _____ Phone_____

(If we don't have a photo, written permission and photo I.D. must accompany the person on the day they pick up your child. In addition, please give your child's teacher a call if possible.)

NOTE
All children must have a physical exam and a record of current immunizations signed by a physician before they can be admitted to this program. These Health Forms must be completed again when the child becomes three years old and also when they enter Kindergarten.

Part 2

FAMILY DATA

Type of family unit: ❑ two parent family ❑ single parent family ❑ guardian ❑ foster care

Is your child adopted? ❑ Yes ❑ No If yes, at what age? _____ Has s/he been told? ❑ Yes ❑ No

Names and ages of others in the home: (Including siblings, relatives, others)

_____

_____

Is any language other that English spoken in the home? ❑ Yes ❑ No If yes, please list _____

Does your child enjoy any special stories or music from your family's culture? _____

_____

Does your family celebrate holiday/birthdays? _____

List any holidays your family celebrates: Please be specific _____

_____

How do family members show affection for one another? _____

_____

Do you have pets in your home? ❑ Yes ❑ No If yes, please list _____

_____

Type of dwelling: ❑ house ❑ apartment ❑ duplex ❑ trailer

What access to outdoor play does you child have? _____

How often does your child play outdoors? _____

Type of transportation used by the family: _____

DEVELOPMENTAL HISTORY – Please complete with current information for your child

Was this pregnancy and delivery normal and without complications? _____

Explain, if not _____

_____

Was this child full term? ❑ Yes ❑ No Premature? ❑ Yes ❑ No (# of weeks _____)

Age when child: said first words _____ crawled _____ walked _____

Comment on your child's language development _____

Is your child toilet trained? ❑ Yes ❑ No Does s/he have any difficulties with toileting? _____

_____

What time does s/he usually go to bed at night? _____ awake? _____

Are you comfortable with these hours? _____

Does your child feed himself/herself? _____

Does your child have any food allergies? ❑ Yes ❑ No If so, please list: _____

Does s/he have any special dislikes? _____

Preferences? _____

_____

Are there any foods that your child cannot have for health, religious, or cultural reasons? _____

Do you have any concerns about your child's eating habits? _____

Does your child have any unusual eating or sleeping problems, language difficulties, or intense fears? _____

MEDICAL TREATMENT:

The MSUM Early Education Center has my permission to provide and/or obtain emergency medical and dental treatment by the child's physician/dentist or an alternate, if I cannot be reached. If you have no local physician or dentist or your child has not seen one yet, please write "no preference" in the blank or list your personal dentist. If no dentist is listed the default dentist of Dr. Erik Skatvold, DDS will be used. Skatvold Family Dentistry's phone number is: 218-236-5466.

Physician: _____ Dentist: _____

Phone: _____ Phone: _____

_____ _____ _____

(child's full name) (Parent's Signature) (date)

_____ _____

(Parent's Signature *if 2: parent/family both must sign) (date)

PERMISSIONS:

The MSUM Early Education Center has my permission to use Wet Wipes, etc. on my child when diapering or if my child has an accident with toileting. (Please let your child's teacher know of any allergies to this type of product.)

_____

(child's full name)

_____

(Parent's Signature) (date)

_____

(Parent's Signature *if 2: parent/family both must sign) (date)

The MSUM Early Education Center has my permission to use insect repellent and/or sunscreen on my child. (Please let your child's teacher know of any allergies to this type of product.)

_____

(child's full name)

_____

(Parent's Signature) (date)

_____

(Parent's Signature *if 2: parent/family both must sign) (date)

The MSUM Early Education Center has my permission to use photos of my child in ads, brochures, or on website, blog and Facebook page for promotional purposes.

_____

(child's full name)

_____

(Parent's Signature) (date)

_____

(Parent's Signature *if 2: parent/family both must sign) (date)

I understand that information in Part 2 will be available to the classroom teacher, student teacher, or other professionals who work to meet the needs of my child. However, this information is still considered confidential and will not be used in any other context.

_____

(child's full name)

_____

(Parent's Signature) (date)

_____

(Parent's Signature *if 2: parent/family both must sign) (date)

The MSUM Early Education Center has my permission to use lotion on my child when s/he has chapped hands or face. (Please let your child's teacher know of any allergies to this type of product.)

_____

(child's full name)

_____

(Parent's Signature) (date)

_____

(Parent's Signature *if 2: parent/family both must sign) (date)

As a parent of a child at the Early Education Center, I understand that my child's name may be displayed in places where other families, students of MSUM, and/or University faculty and staff may see it. These places may include, but are not limited to: sign-in sheets, bathroom charts, classroom attendance sheets, hallway cubbies, bathroom cubbies, art/writing cubbies, and artwork.

_____

(child's full name)

_____

(Parent's Signature) (date)

_____

(Parent's Signature *if 2: parent/family both must sign) (date)

HEALTH INFORMATION

Name of child's physician: _____ Phone: _____

Approximately how often is your child seen by this physician? _____

Are all immunizations up to date? ❑ Yes ❑ No If not, explain: _____

Has your child had chicken pox? ❑ Yes ❑ No

List any allergies, injuries, prolonged illnesses, or any limiting conditions your child may have: _____

_____

_____

Does your child experience any of the following: ❑ seizures ❑ ear infections ❑ strep infection ❑ impetigo

❑ sudden high temperatures ❑ diarrhea ❑ constipation ❑ upset stomach ❑ other _____

Have you noted any signs of hearing or sight loss? _____

If your child is older than 2 1/2 years, has s/he has a recent dental exam? _____

If so, name of dentist: _____ Phone: _____

Date of last examination: _____

BEHAVIORAL BACKGROUND

What is your child's favorite activity and/or toys? _____

Does s/he have regular playmates? ❑ Yes ❑ No Ages? _____

Does s/he have any unusual problems when interacting with other children? Describe: _____

_____

Would you judge your child to be ❑ extremely active ❑ somewhat active ❑ quiet ❑ very passive ❑ shy

Does your child have any fears such as dogs or loud noises? _____

Does your child have nightmares? _____

Does your child have persistent habits or mannerisms such as thumb sucking, nail biting, etc. ? Describe: _____

If you do not ignore these mannerisms, how do you deal with this behavior? _____

List any special skills or interests your child may have: _____

What means of discipline is most effective with your child? _____

How does your child comfort himself/herself? _____

What do you want the center to provide for you and your child? _____

Is your child on an IEP or IFSP? ❑ Yes ❑ No If yes, please provide center with a copy.

We value the fact that parents are a child's first and foremost teacher. Therefore, we have developed a Family Activity Board to promote parental involvement in the MSUM Early Education Center. Please indicate your interest in becoming involved in the board:

❑ **Yes**, please contact me ❑ **No**, I am not interested at this time.

Thanks for helping us understand your child better.
If you feel there is other important information that we should know about your child, please contact the teacher or the director.