



2360 7th Ave E #3  
West Fargo, ND 58078  
701.373.7840  
[www.tenderheartswf.org](http://www.tenderheartswf.org)

## Enrollment Forms

Please download/save this PDF to your computer, this is an editable document to allow for digital fill out. Once you have filled it out, you can click the submit button at the bottom of the last page. This action will email your enrollment forms to Gabriela Wetter, the Program Manager for Tender Hearts.



**CHILD INFORMATION SHEET**  
 ND DEPARTMENT OF HUMAN SERVICES  
 CHILDREN AND FAMILY SERVICES  
 SFN 845 (2-2020)

Every early Childhood Program is required to have certain information on file. These requirements are set forth in the rules and regulations for Early Childhood Services as adopted by the North Dakota Department of Human Services. All information requested herein is required and shall be kept confidential.

<b>Child's Name</b>	Date Child Enrolled	Perferred or Nickname of Child	Date of Birth
<b>Parent's Name</b>	Home Telephone Number	Cell Phone Number	Work Telephone Number
Home Address			
Place of Employment			Hours of Work
<b>Parent's Name</b>	Home Telephone Number	Cell Phone Number	Work Telephone Number
Home Address			
Place of Employment			Hours of Work

**EMERGENCY AUTHORIZATION**

In case of an emergency and parents cannot be reached, who should be contacted?

Name	Relationship to Child	Work Telephone Number	Home Telephone Number
Name	Relationship to Child	Work Telephone Number	Home Telephone Number
<b>Physician to Call in an Emergency</b>			Clinic Telephone Number
<b>Dentist to Call in an Emergency</b>			Clinic Telephone Number

I hereby authorize the Early Childhood Program to secure emergency medical treatment for my child under the following conditions:

1. An emergency or unanticipated condition necessitates immediate action for the preservation of the life or health of the child and,
2. Reasonable attempts to contact me have failed.

Parent Signature	Date	Parent Signature	Date
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**AUTHORIZATION TO RELEASE CHILD**

Unless otherwise authorized by you in writing, only the parent or legal guardian may pick up your child(ren) from the Early Childhood Program List below any others you wish to authorize for this purpose.

Name	Relationship to Child	Telephone Number
Name	Relationship to Child	Telephone Number
Name	Relationship to Child	Telephone Number

**These people are NOT allowed to pick up my child.**

Name	Relationship to Child
Name	Relationship to Child

For Operator Use Only:

The identification of this child has been verified. As proof of identification, the child's parent has produced:		
Copy of Child's Birth Certificate	Child's Passport	Other _____
Signature of Operator		



**PARENT'S STATEMENT ON HEALTH OF CHILD**  
 ND DEPARTMENT OF HUMAN SERVICES/CFS  
 SFN 847 (Rev. 11-2008)

**INSTRUCTIONS:** This form must be completed annually for any child enrolled in a licensed early childhood facility.  
 This form is completed by a parent or guardian of the child.

Full Legal Name of Child:		Birth Date:	Enrollment Date:	Please check one: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Drop-in <input type="checkbox"/> B/A School	
Full Legal Name(s) of Parent or Guardian:				Relationship:	
Address:			City:	State:	ZIP Code:
Home Telephone Number:	Work Telephone Number:		Family Dentist:		
Family Physician:			Clinic:	Telephone Number:	
Hospital:				Telephone Number:	
Last Visit to Doctor:		Child's Height:		Child's Weight:	
Does the child have any food, medication or environmental allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, List Allergies:		Describe Allergy Reaction:		Usual Treatment:	
Please Check If Any Of The Following Conditions Exist:					
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Behavioral Issues		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Frequent Earaches	<input type="checkbox"/> Other Conditions (Please specify):		
<input type="checkbox"/> Vision Impairment					
Please Explain All Checked Items:					
Is the Child Under Current Medical Treatment?					
Are There Any Medications That The Child Takes Daily?					
Describe Any Limitation Your Child May Have For Participation In An Early Childhood Program:					
Is there a healthcare plan for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**INSURANCE:**

Liability insurance is not a requirement for a license to provide family or group childcare. Please review with your childcare provider the liability coverage that is presently in place.

**CERTIFICATION:**

By signing this document, I certify that the above information is true to the best of my knowledge.

Parent or Guardian's Signature:	Date:
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## Contract

Child's Name: \_\_\_\_\_ Enrollment Period: \_\_\_\_\_

Tuition: \_\_\_\_\_

### CONTRACT PARTIES

**Tender Hearts Early Learning Program**  
2360 7th Ave E #3 West Fargo, ND 58078  
701.373.7840  
gabriela@perrycenter.org

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **PURPOSE**

This contract is a serious agreement that outlines obligations and consequences if the terms are broken.

### **TRIAL PERIOD**

The director or clients may cancel this contract immediately within the first two weeks of child care without written notice and the clients will only be financially responsible for the child care received.

### **HOURS OF OPERATION**

Child care is provided on weekdays between 7:30 a.m. and 5:30 p.m.

## TUITION AND FEES

Tender Hearts Babies	\$245/week	After School	\$75/week
Tender Hearts Tots	\$240/week	Bussing Both Ways	\$30/week per family
Tender Hearts Kids	\$220/week	Bussing One Way	\$15/week per family
Family Discount	\$10/week		
Ministry Discount	\$15/week		
Holding Fee	\$50/week		
Late Payment Fee	\$10/business day		
Late Pick-Up Fee	\$1/minute		
Registration Fee	\$75 one time fee		

Family discounts apply to children living in the same household with at least one shared parent. Ministry discounts apply to employees of Tender Hearts, The Perry Center, and clients of The Perry Center. Holding fees hold an open spot for a certain length of time and must be negotiated with the director in advance. These fees cannot be applied to tuition or fees and are non-refundable. Late payment fees accrue until the balance is paid in full. Late pick up fees are assessed according to the time on the Brightwheel app and are due the following Monday. Registration fees are due upon enrollment.

## PAYMENTS

Tuition and fee payments are accepted via auto-pay through the Brightwheel app. Clients will be required to set up a Brightwheel account with their bank account or credit card and to keep all information up-to-date. Alternative payment methods must be negotiated in advance with the director. Invoices are provided via the Brightwheel app each Friday, three days in advance of auto-payments each Monday for that week of child care. Clients are responsible for all transaction fees when using a credit card. Clients who receive childcare assistance benefits from a government agency will remain financially responsible for copays and remaining amounts not covered by childcare assistance. Childcare assistance payments are made directly to Tender Hearts.

## CLOSINGS & ABSENCES

Tuition is due each week, regardless of missed days due to holiday closings, weather-related closings, sick days, vacations, and other absences. Clients will be notified of any changes to the holiday closing schedule listed in the family handbook four weeks in advance.

## LEAVES OF ABSENCE & SCHEDULE CHANGES

Occasionally, clients may encounter a hardship and wish to temporarily remove their child from child care. Payment for these types of situations must be negotiated with the director in advance. Tender Hearts offers up to six weeks of optional part-time child care for children who have been enrolled at least 12 months and whose parent(s) take parental leave from work for the birth of a new baby. Part-time child care is available at a 50% tuition rate for up to 25 hours per week. Tender Hearts offers up to 12 hours of optional complimentary child care for newborns the week prior to enrollment to encourage a smooth and gradual transition, if staff-to-child ratios and space allow. A schedule must be arranged in advance.

## PROPERTY DAMAGE

Clients are financially responsible for any property damage caused by their child worth over \$50 in a one-week period.

## TUITION & FEE INCREASES

Tuition and fees may increase annually. Clients will be notified of any changes four weeks in advance.

## CONTRACT RENEWAL

This contract will be renewed annually. Clients will be notified of any changes four weeks in advance.

## WITHDRAWAL PERIOD

Clients must provide a written notice four weeks in advance to withdraw their child and end this contract. Payment for this period is due regardless of attendance. Clients may terminate services immediately only if there is a valid concern about their child's safety. The Executive Director and Program Manager reserve the right to terminate this contract immediately without notice for any reason.

## CONTRACT AGREEMENT

By signing this contract, clients agree to all terms. Failure to enforce one or more terms of this contract does not waive the right to enforce any other terms of this contract. Clients also agree to abide by all policies and procedures listed in the family handbook. A co-signer is required for clients under 18 years to guarantee the contract and to be financially responsible for the terms if the client fails to make payment for any reason.

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

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

Co-Signer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Consent

Please check the box and sign bottom for consent release.

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

### CONSENT FOR EMERGENCIES

I give consent for Tender Hearts to secure emergency medical treatment for my child when immediate action is necessary for the preservation of the life or health of my child and reasonable attempts to contact me have failed.

### CONSENT FOR INFANTS

I give consent for my infant to have a pacifier during awake times.

I give consent for my infant to have a pacifier during nap times.

I give consent for my infant 0-11 months to use a sleep sack during nap time.

I give consent for my infant 12+ months to use a blanket during nap time.

I give consent for my infant to participate in developmentally art and sensory activities.

### CONSENT FOR MEDIA

I give consent for Tender Hearts to display family photos in my child's classroom.

I give consent for Tender Hearts to share daily notes, including photos and videos, of my child on the Brightwheel app.

I give consent for Tender Hearts to share photos and videos of my child in promotional materials and on social media channels affiliated with Tender Hearts and The Perry Center.

### CONSENT FOR OUTDOOR PLAY

I give consent for my child to wear a sun hat during outdoor play (provided by parents).

I give consent for my child to participate in water play activities.

I give consent for my child to participate in walking field trips to the park and around the neighborhood of Tender Hearts.

I give consent for my child (preschool - school-age) to participate in field trips with a permission slip I will fill out each time.

### CONSENT FOR TRANSPORTATION

I give consent for my child to be transported to and/or from school during the 2023-2024 school year.

I give consent for my child (preschool - school-age) to participate in field trips with a permission slip I will fill out each time.

### CONSENT FOR PERSONAL INFORMATION

I give consent for our contact information to be shared with other Tender Hearts families, upon request, for the purpose of play dates, birthday invitations, car-pooling, etc.

I give consent for Tender Hearts and service providers to communicate with one another to discuss information relating to my child's special health, developmental, or behavioral needs.

### CONSENT FOR PERSONAL PRODUCTS

I give consent for my child 2+ months to use Babyganics Deet-Free Natural Insect Repellent.

I give consent for my child 6+ months to use Babyganics Mineral-Based SPF 50 Sunscreen.

I give consent for my child to use over-the-counter non-aerosol personal products I provide.

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

Complete one application per household. Please use a pen (not a pencil).

**STEP 1 REQUIRED** The parent / guardian must complete Parts 1 and 4. List ALL Children who attend day care

CHILD's	Last Name, First Name	Date of Birth	Time of Care		Regular Days of Care							Meals Served During Care								
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	AM	L	PM	D	EV			

Check all that apply

Foster Child	Migrant	Head Start

**PARENTS OF INFANTS** Your child care center must offer at least one brand of formula if your child is on formula. You have the option of declining that brand and supplying your own formula. Children must be served breast milk or iron-fortified infant formula until they are one year of age. All other food items must be provided by your center when age-appropriate, consistent with CACFP guidelines.

**My Choice of CACFP Infant Participation is:**

I choose to supply expressed breast milk to my child care provider to serve at meal time.

I choose to accept the iron-fortified infant formula (brand: \_\_\_\_\_) that my child care center has offered.

My child care center has offered the following brand, \_\_\_\_\_. I have chosen to decline this brand and provide the formula for my infant.

**STEP 2 Optional** Do any household members (including you) currently participate in one or more of the following assistance programs: **SNAP TANF, or FDIPIR?**

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

**CASE NUMBER:** \_\_\_\_\_ Write only one case number in this space.

**STEP 3 Optional** Parent / guardian should fill out household income to determine the amount of CACFP funds the center will be eligible to receive. This form will be placed in our confidential files.

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income: \$ \_\_\_\_\_

How often? Weekly  Bi-Weekly  Monthly  Bi-Monthly

**B. All Other Household Members (Including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Household Members not listed in Step 1 (Last Name, First Name)	Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?	Pensions/Retirement/Social Security/SSI/VA Benefits	How often?						
		Weekly	Bi-Weekly	Monthly	2xMonth				Weekly	Bi-Weekly	Monthly	2xMonth			
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members (Children and Adults) \_\_\_\_\_

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member:       \_\_\_\_\_ (Mark if No Social Security Number)

**STEP 4 REQUIRED** Sign and date the application. The form must be signed by the parent or guardian.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date
Address	City	State
	Zip	Phone/Email



Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>
Social Security <ul style="list-style-type: none"> <li>- Disability Payments</li> <li>- Survivors Benefits</li> </ul>	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
Income from person outside of household	<ul style="list-style-type: none"> <li>A friend or extended family member regularly gives a child spending money</li> </ul>
Income from any other source	<ul style="list-style-type: none"> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

**OPTIONAL** Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

**Ethnicity (check one):**  Hispanic or Latino  Not Hispanic or Latino

**Race (check one or more):**  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

<p>The <b>Richard B. Russell National School Lunch Act</b> requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.</p>	<p>In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.</p> <p>Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <a href="https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf">https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf</a>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:</p> <p><b>MAIL*:</b> U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410</p> <p><b>FAX:</b> (833) 256-1665 or (202) 690-7442; or <b>EMAIL:</b> <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.</p> <p><i>*Only use this address if you are filing a complaint of discrimination.</i></p> <p><i>This institution is an equal opportunity provider.</i></p>
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**DO NOT FILL OUT** For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?	Household size	Eligibility															
<input type="text"/>	<table border="1" style="font-size: small;"> <tr> <td>Weekly</td> <td>Bi-Weekly</td> <td>Monthly</td> <td>2xMonth</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>	Weekly	Bi-Weekly	Monthly	2xMonth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<table border="1" style="font-size: small;"> <tr> <td>Free</td> <td>Reduced</td> <td>Denied</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>	Free	Reduced	Denied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Categorical Eligibility <input type="checkbox"/>
Weekly	Bi-Weekly	Monthly	2xMonth															
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Determining Official's Signature	Date	Confirming Official's Signature	Date	Follow-up Official's Signature														
				Date														



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## All About Me

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

Who lives in your child's home? Please include names, relationships to your child, and pets. If both parents do not live in the same home, describe your living arrangements, including who has legal custody, visitation, schedules, involvement of step-parents or significant others, court orders restricting contact with a biological parent, etc. If your child is adopted or fostered, when was he/she placed in your family and does he/she understand?

Who are other important people in your child's life?

Is there anything you would like to share about your family's race, ethnicity, culture, or language?

What role does faith play in your family and how do you see Tender Hearts as a partner in nurturing your child's faith?

Does your family follow any specific parenting philosophies?

How does your family approach discipline at home?

Has your family had any significant changes or challenges that have affected your child?

Describe your child's personality and interests.

Do you have any concerns about your child's cognitive, emotional, language, physical, or social development?

Does your child have any food restrictions relating to allergies, sensitivities, culture, religion, or family preference?

Does your child have diagnosed special behavioral, developmental, or health needs? If yes, explain any limitations for participating, any special equipment or accommodations needed, whether your child receives any specialized services related to these needs, and whether your child has a care plan.

What would you like to experience while at Tender Hearts?

Is there anything else you would like to share about your child?