



2360 7th Ave E #3
West Fargo, ND 58078
701.373.7840
www.tenderhearts.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.

Child's Name	Date Child Enrolled	Perferred or Nickname of Child	Date of Birth
Parent's Name	Home Telephone Number	Cell Phone Number	Work Telephone Number
Home Address			
Place of Employment			Hours of Work
Parent's Name	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
Physician to Call in an Emergency			Clinic Telephone Number
Dentist to Call in an Emergency			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: FT PT Drop-in 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: Yes No					
If Yes, List Allergies:		Describe Allergy Reaction:		Usual Treatment:	
Please Check If Any Of The Following Conditions Exist:					
Asthma		Heart Condition	Hearing Impairment	Behavioral Issues	
Diabetes		Seizure Disorder	Frequent Earaches	Other Conditions (Please specify):	
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? Yes 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
tenderhearts@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	\$204/week
Tender Hearts Tots	\$194/week
Tender Hearts Kids	\$184/week
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 Christian Adoption Services, 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 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 will be financially responsible for all bank fees associated with insufficient funds. Clients who receive child care assistance payments from a government agency remain financially responsible for the entire amount of tuition and fees under this contract. These clients will be reimbursed directly by the government agency providing child care assistance payments after the billing reports are processed.

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 director reserves 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.

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.

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.

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: _____



SENDCAA CACFP Child Enrollment Form

Fargo 232-2452 or 1-800-726-7960

Wahpeton 642-3497

Provider Name _____
Control Number _____
Month/Year _____

Your family child care provider participates in the Child/Adult Care Food Program sponsored by the Southeastern North Dakota Community Action Agency (SENDCAA). Your provider has made a commitment to serve children nutritious, well-balanced meals and snacks, following USDA guidelines at no charge to you. If you have any questions please call the office.

Parent's/Guardian's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

CHILD'S NAME <i>(Please Print) First and Last Name</i>	BIRTH DATE	AGE	G E N D E R	P R O V I D E R ' S O W N C H I L D	F O S T E R C H I L D	DAYS ATTENDING							MEALS SERVED									
						M	T	W	T H	F	S A	S U	B R	A M	L U	P M	S U P	E V E				
1.			M F	Y N																		
2.			M F	Y N																		
3.			M F	Y N																		
4.			M F	Y N																		

List your child's **NORMAL** arrival and departure times: From: _____ To: _____

List any variations in your schedule: _____

CIVIL RIGHTS INFORMATION

The collection of this information is strictly for statistical reporting requirements and has no effect on determining your child's eligibility to receive benefits.

**Please indicate the ethnic identity of your children by placing a check in the appropriate box or boxes: Not Hispanic or Latino Hispanic or Latino

**Please indicate the racial identity of your children by placing a check in the appropriate box or boxes: Asian Black or African American
Native American or Alaska Native White Native Hawaiian or Other Pacific Islander Other

PARENTS OF INFANTS

Your child care provider 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 formula until they are one year of age unless a diet statement is on file signed by the child's physician specifying the child's alternative needs. All other food items must be provided by your child care provider 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 provider has offered.

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

Parent's/Guardian's Signature _____ Date: _____

This institution is an equal opportunity employer



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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?