



CHILD FILE
 Date Received **p1** _____ **p2** _____
 Reg. Fee _____
 Amount _____
 Check No. _____
Parent Handbook Sign Date _____
 Staff Initials who collected _____
 Director /Asst. Approval _____

Summer 2024 | Fall 2024-2025 Preschool | Summer 2025
 Enrollment Form **PART 1**

Child's Name _____ Gender M/F
 Birthday ____/____/____ age ____

Guardian name _____
 Cell phone _____ text y/n landline _____
 Home Email _____
 Address _____
 City _____ State _____ ZIP _____
 Employer/occupation _____ Work email _____
 Work phone _____ Primary language _____

Guardian name _____
 Cell phone _____ text y/n landline _____
 Home Email _____
 Address _____
 City _____ State _____ ZIP _____
 Employer/occupation _____ Work email _____
 Work phone _____ Primary language _____

| PRESCHOOL ENRICHMENT MENU SUMMER CAMP June 4, 2024-August 23, 2024 PRESCHOOL Tues. Sept. 3, 2024-June 4, 2025 <small>(Look for our calendar of days and summer camp weekly themes.)</small> SUMMER CAMP June 9, 2025-August 22, 2025 | 2 Days week T-TH Monthly Tuition | 3 Days week M-W-F Monthly Tuition | 4 Days week M-TH Monthly Tuition | 5 Days week M-F Monthly Tuition | 5 Days Week M-F AM or PM- PACKAGE Monthly Tuition |
|--|---|--|---|--|--|
| EARLY RISER SUNSHINE ENRICHMENT 7:00-8:30 M T W TH F | \$110.00 | \$120.00 | \$140.00 | \$150.00 | 7:00-12:45 Morning \$800.00 |
| STEM Morning 3.5 hours 8:30-12:00 M T W TH F | \$265.00 | \$350.00 | 475.00 | \$525.00 | |
| Lunch Bunch Book Club 12:00-12:45 M T W TH F | \$95.00 | \$105.00 | \$115.00 | \$125.00 | |
| ART LITERATURE MATH MUSIC 12:45-3:45 STEAM Afternoon T TH | \$235.00 | | \$390.00 | \$450.00 | 12:45-5:30 Afternoon \$600.00 |
| Little Researcher & Athlete 12:45-3:45 STEAM Afternoon M W F | | \$325.00 | | | |
| AFTER SCHOOL ENRICHMENT 3:45-5:30 M T W TH F | \$115.00 | \$125.00 | \$140.00 | \$150.00 | |
| Package 8:30-3:45 | \$595.00 | \$780.00 | \$980.00 | \$1,100.00 | |
| 9+ month full day contract I want it all! 7:00-5:30 | \$815.00 | \$1,025.00 | \$1,260.00 | \$1,400.00 | |
| Preschool Weekly Rate summer camp only! 8:30-12 morning or 12:45-3:45 afternoon | 125.00 | 135.00 | \$145.00 | \$155.00 | |

May 2025 full month tuition or August 2025 tuition to hold spot. All 2-day half day enrollments may need to put 2 months of tuition as deposit to hold spot which will go toward April & May or July & August. It is **NON-REFUNDABLE** but applies to tuition that month.

Note preschool tuition reflects a **3.5-hour morning** and **3-hour afternoon**.

YEAR LONG COMMITMENT Packages

12 to 24 Month Commitment Packages

2 DAY STEAM 9:00-3:45

___ [T&TH] 9:00-3:45

- ✓ STEM 9:00-12:00 [T & TH only]
- ✓ DANCE/MUSIC/ART/LITERATURE 12:45-3:45 (STEAM) [T&TH only]
- ✓ Lunch Bunch 12:00-12:45 [T&TH only]

\$550.00 mo.

#STEAM AFTERNOON

___ [M-F] 12:45-5:30

- ✓ Little Athlete/Researcher [M | W | F]
- ✓ DANCE/MUSIC/ART/LITERATURE (STEAM) [T | TH]
- ✓ ___After Noon Enrichment

\$600.00 mo.

#Fantastic4 PRESCHOOL Package

___ [M-F] 9:00-3:45

- ✓ STEM Preschool
- ✓ Little Athlete/Researcher [M | W | F]
- ✓ DANCE/MUSIC/ART/LITERATURE (STEAM) [T | TH]
- ✓ Lunch Bunch Book Club [M-F]

\$910.00mo.

#Fabulous5 Package

___ [M-F] 9:00-3:45

- ✓ STEM Preschool
- ✓ Little Athlete/Researcher [M | W | F]
- ✓ DANCE/MUSIC/ART/LITERATURE [T | TH]
- ✓ Lunch Bunch Book Club [M-F]

___ PLUS...

- ___Early Riser Sunshine Enrichment
- OR
- ___After Noon Enrichment

\$1,225.00 mo.

\$1,225.00 mo.

#Iwantitall

___ [M-F] 7:00-5:30

- ✓ Early Riser Sunshine Enrichment
- ✓ STEM Preschool
- ✓ Lunch Bunch Book Club
- ✓ Little Athlete/Researcher [M | W | F]
- ✓ DANCE/MUSIC/ART/LITERATURE [T | TH]
- ✓ After Noon Enrichment

\$1,375.00mo.

Sibling Enrichment Opportunities Please circle all offerings you are interested in.

- Epic Enrichment Extravaganza - Monthly Theme Nights - Summer Camps
- Saturday Mornings Enrichment for kids - Kid's Fabulous Friday Fun / Adult night out! 6-8 or 6-10
- M-F Evening Adult Fitness OR Sat. & Sun. Adult Fitness [yoga/abs/step aerobics/strength circuit]
- NIGHT OWL ENRICHMENT 7-midnight

Tuition rates are per month and required to be paid on the first day of your child's attendance on each month.

Please see registration fees below.

| | |
|--|--|
| <p>Please return enrollment form to: EPIC Endeavors Preschool Academy</p> | <p>Registration Fee & Deposit *Both are non-refundable & hold your spot.</p> |
| <p>20 9th St SE, MN 55902 or epicendeavorspreschoolacademy@gmail.com Call for a tour: 507-319-5709</p> | <p>Registration \$110.00 family non-refundable registration fee Deposit FULL PAYMENT of May 2025 or Aug. 2025 tuition is due to hold fall 2024-2025 preschool spot. All 2-half day enrollments may need to put 2 months of tuition as deposit to hold spot which will go toward April & May or July & August.</p> |

Summer 2024 | Fall 2024 – Spring 2025 | Summer 2025



EPIC Endeavors Academy | 2024-2025 | Preschool Enrollment Form PART 2

Child's Name _____

Contact Information Child lives with ___ Mother ___ Father ___ Both ___ Other

Family History/Marital Status: please circle your status

Married Divorced Separated Deceased Single

Other children at your home:

1. _____ Age ____ 2. _____ Age ____

3. _____ Age ____ 4. _____ Age ____

| Order to Contact Parents: | Name | Relationship | Cell |
|---------------------------|-------|--------------|-------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |

AUTHORIZED TO PICK UP (other than a parent)

- These individuals may pick up your child with your verbal permission.
- Written permission from parent is required to release your child to anyone not listed on this form.
- Please MAKE SURE to include at least one contact below.

| | Name | Address | Primary | Tel Cell |
|---|-------|---------|---------|------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ |

EMERGENCY CONTACTS (other than Parents)

- These individuals will be called in the event parents cannot be reached.
- These individuals **must live and work in the Rochester area.**
- Please **MAKE SURE** to include at least **two** contacts below.

| | Name | Address | Primary | Tel Cell |
|---|-------|---------|---------|------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ |

RESTRICTED PERSONS – These individuals **MAY NOT** pick my child up from preschool.

| | Name | Information we should know: |
|---|-------|-----------------------------|
| 1 | _____ | _____ |
| 2 | _____ | _____ |

Child's Name _____

Release of Information

Circle YES if you agree or NO if you disagree next to all statements.

YES
NO

I understand the policies of EPIC Endeavors Preschool Academy Handbook and **have a copy of the written Parent notification of MN RULE part 9503.0090 items A-O found in the Parent Handbook.** This includes the payment schedule, withdrawal/refund policies and late fees. Additional written information can be found at: www.epicendeavorsacademy.com

YES
NO

I give permission for my child to be photographed for use on Bloomz, Facebook, Twitter, Pinterest, Instagram, Google, EPIC You Tube channel, EPIC webpages, preschool/classroom setting, and for EPIC advertisements or public relations and use of apps to create videos or picture collages.

YES
NO

I understand EPIC Endeavors Preschool Academy will celebrate/and or observe all holidays the owners celebrate or recognize as great culture which include: New Year's Eve and Day, Dr. Martin Luther King Day, President's Day, St. Patrick's Day, Easter, Memorial Day, Independence Day, Labor Day, Halloween, Thanksgiving, Christmas Eve and Day as well as other holidays around the world to create awareness and enrichment about the world we live in. We want our building to be welcoming and will at time to time allow kid safe smells to be defused and recognize this and are ok with this or will let Director know anything different.

MEDICAL INFORMATION – This following information is required prior to attendance, along with a current immunization record or signature stating exemption along with a Health Care Summary.



| | Child's Doctor | Child's Dentist |
|----------------------------------|----------------|-----------------|
| Name | | |
| Address | | |
| Phone | | |
| Allergies and Medications | | |
| Drug Allergies | | |
| Food Allergies | | |
| Special Medical Needs | | |
| OTHER | | |

Hospital Preference: (circle one) St. Mary's Hospital or Olmsted Medical Center

Authorization for Medical Treatment - If I cannot be reached or am delayed in arriving, I authorize the nearest source of emergency medical care to care for and to treat my child.

Parent Signature

Date

My goals/hopes for my child to grow in during preschool enrichment:

Rank 1-5 1=low priority & 5 high priority then **circle your ranking.**

Social 1 ___ 2 ___ 3 ___ 4 ___ 5

Becoming a reader 1 ___ 2 ___ 3 ___ 4 ___ 5

Becoming a mathematician 1 ___ 2 ___ 3 ___ 4 ___ 5

Becoming a researcher of science 1 ___ 2 ___ 3 ___ 4 ___ 5

Communication with others 1 ___ 2 ___ 3 ___ 4 ___ 5

Friendships 1 ___ 2 ___ 3 ___ 4 ___ 5

Fine motor skills 1 ___ 2 ___ 3 ___ 4 ___ 5

Large motor skills 1 ___ 2 ___ 3 ___ 4 ___ 5

Drawing/writing skills 1 ___ 2 ___ 3 ___ 4 ___ 5

Share a glance of your child's gifts & growth areas from your perspective.

Social Behaviors

How does your child interact with other children? _____

Does your child like to play with others or independently? _____

What does s/he do? _____

What are your child's communication habits? _____

How does your child manage his/her emotions well? Y/N Explain below

What discipline philosophy is used at home? _____

What experiences does your child have with previous group experiences?

Preschool _____

Play Group _____

Sunday School _____

OTHER _____

Personality/Emotional Development

Does s/he accept new people easily? _____

Does s/he have any fears or areas you are working on? Y/N If "Y" please explain _____

Family Holidays Celebrated, Yearly Rituals, or Special Customs

Please share family holidays you celebrate, yearly rituals, or special customs your family recognizes.

| |
|--|
| |
| |
| |
| |

How do you want us to identify your child's culture?

Additional Information — Please provide any information that would be helpful in teaching your child.

| |
|--|
| |
|--|

Is your child currently on an IEP with a school district?

YES NO

Has your child had an Individual Child Care Plan at any other childcare or preschool facilities?

YES NO

Do you have any reason to believe your child may need or may require an Individual Child Care Plan by EPIC staff?

YES NO

Agreement and Acknowledgement

I understand it is my responsibility to keep my child's information up to date. EPIC Endeavors Preschool Academy is not liable if this information is inaccurate or outdated. By signing below, you are agreeing you received a written form of EPIC Endeavors Preschool Academy Parent Handbook by one of two ways below and **have read** it completely including our **Emergency & COVID-19 Preparedness Plan**. Check how you chose to receive the parent handbook:

- A paper copy of Parent handbook was handed to me by EPIC staff as a paper copy**
 A written form of Parent handbook was emailed as PDF written document

Parent Name (Printed)

Date

Parent Signature

How did you hear about us? ___ Drive by Location/sign ___ Twitter ___
Facebook ___ Newspaper ___ radio ___ Friend Referred ___ TV
___ Flyer ___ Google ___ Blog ___ other

Name _____ Address _____ Cell _____

*Please list their name and address so we can send them a "Thank you"