



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

Summer 2021 & Fall 2021-2022 Preschool  
 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 \_\_\_\_\_ Work email \_\_\_\_\_  
 Work phone \_\_\_\_\_ Primary language \_\_\_\_\_

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

<b>PRESCHOOL ENRICHMENT MENU</b> <b>SUMMER CAMP June 8, 2020-August 27, 2020</b> <b>PRESCHOOL Tues. Sept. 7, 2020-May 28, 2021</b> <small>(Look for our calendar of days and summer camp weekly themes.)</small>	<b>2 Days/week</b> T-TH <b>Monthly Tuition</b>	<b>3 Days/week</b> M-W-F <b>Monthly Tuition</b>	<b>4 Days/week</b> M-TH <b>Monthly Tuition</b>	<b>5 Days/week</b> M-F <b>Monthly Tuition</b>	<b>5 Days/week</b> M-F PM-PACKAGE <b>Monthly Tuition</b>
<b>EARLY RISER SUNSHINE ENRICHMENT</b> M   T   W   TH   F 7:00-9:00	\$82.00	\$95.00	\$115.00	\$120.00	
<b>STEM Morning</b> M   T   W   TH   F 9:00-12:00	\$195.00	\$260.00	330.00	\$380.00	
<b>Lunch Bunch Book Club</b> M   T   W   TH   F 12:00-12:45	\$75.00	\$80.00	\$95.00	\$100.00	
<b>ART   LITERATURE   MATH   MUSIC   DANCE</b> <b>STEAM Afternoon T   TH 12:45-3:45</b>	\$195.00		\$330.00	\$380.00	<b>\$490.00</b>
<b>Little Researcher &amp; Athlete</b> <b>STEAM Afternoon M   W   F 12:45-3:45</b>		\$260.00			
<b>AFTER SCHOOL ENRICHMENT</b> M   T   W   TH   F 3:45-5:30	\$82.00	\$95.00	\$115.00	<b>\$120.00</b>	
<b>9-12-month full day contract I want it all! 7:00-5:30</b>	<b>\$600.00</b>	<b>\$780.00</b>	<b>\$963.00</b>	<b>\$1,100.00</b>	
<b>Preschool Week Long Camp rate summer only!</b>			<b>\$115.00</b>	<b>\$130.00</b>	

May 2022 full month tuition or August 2022 tuition to hold spot. All 2-day half day enrollments will 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.

Please note tuition reflects a **3-hour preschool**.



# YEAR LONG COMMITMENT Packages

## 12 to 24 Month Commitment Packages

### 2 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]

**\$450.00 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

**\$495.00 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]

**\$840.00mo.**

### #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

**\$940.00mo**

**\$940.00mo**

### #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

**\$1,075.00mo.**

### 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><b>Please return enrollment form to:</b> EPIC Endeavors Preschool Academy</p>	<p><b>Registration Fee &amp; Deposit</b> *Both are non-refundable &amp; hold your spot.</p>
<p>20 9<sup>th</sup> St SE, MN 55902 or</p>	<p><b>Registration</b> \$85.00/family non-refundable registration fee</p>
<p><a href="mailto:epicendeavorspreschoolacademy@gmail.com">epicendeavorspreschoolacademy@gmail.com</a> Call for a tour: 507-319-5709</p>	<p><b>Deposit</b> FULL PAYMENT of May 2022 or Aug. 2022 tuition is due to hold summer 2021 or fall 2021-2022 preschool spot. <b>All 2-half day enrollments will need to put 2 months of tuition as deposit to hold spot which will go toward April &amp; May or July &amp; August.</b></p>



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](http://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

EPIC Endeavors Preschool Academy may give my name, address and phone number to parents interested in carpooling.

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		
<b>Allergies and Medications</b>		
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.

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

## 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.

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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"