



Welcome to Early Einsteins Learning Center!

We want to thank you for choosing Early Einsteins as your primary childcare provider. At Early Einsteins, we are devoted to providing every family with the care and attention that they deserve. Our center is owned and operated by two sisters, Kelly Hanson and Heather Jung, who strongly believe in the bond of a family. We strive to provide a fun, loving, and nurturing environment for your children and we are so excited for you to be part of the Early Einsteins family! We are thankful for the opportunity to meet your family and look forward to helping your child(ren) develop, learn, and grow.

Included in this packet will be all the required forms needed for enrollment. Please return all completed forms to Kelly Hanson, Director/Owner. Should you have any questions on any of the requested information, please feel free to reach out to Kelly at earlyeinsteinslc@gmail.com or 218-287-8988.

Thank you again for choosing Early Einsteins and welcome to our family!

Forms included in this registration packet are as follows:

- ✓ Child Information
- ✓ Parent/Guardian Information
- ✓ Emergency Contacts & Authorized Pick-up Persons
- ✓ Child Medical Information
- ✓ Child Allergy Information
- ✓ Parent/Guardian Permission Agreement
- ✓ Health Care Summary (complete by primary physician)
- ✓ Tuition Authorization via Brightwheel
- ✓ Parent Consent for Swaddling an Infant
- ✓ Photo Release Form
- ✓ Child Care Immunization Form
- ✓ Brightwheel Payment Setup Guide



For Office Use Only	
Date of Enrollment:	_____
Official Start Date:	_____
Classroom:	_____

Child Information – Please print legibly.

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: ____/____/____ Phone: _____ Gender: [] Male [] Female

Child's Home Address: _____

Child's Primary Residence: [] Mother [] Father [] Both [] Guardian

Child's Weekly Schedule: Changes to your child's weekly schedule should be submitted in writing to the Director.

Shade in the times that your child will be in Early Einsteins care for each day of the week.

	6:30	7	7:30	8	8:30	9	9:30	10	10:30	11	11:30	12	12:30	1	1:30	2	2:30	3	3:30	4	4:30	5	5:30	6	
M																									
T																									
W																									
Th																									
F																									

School-Age Information – Please complete this section if your child is attending school.

Name of School: _____ School Phone: _____

Transportation Provided By: [] School [] Parent/Guardian [] Early Einsteins (Complete chart below)

Early Einsteins Transportation Schedule

Place and "X" in the applicable cells.

	Drop Off (AM)	Pick Up (PM)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Do you have any concerns regarding your child that you'd like to share with Early Einsteins?

[] Yes [] No



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Parent/Guardian Information – Please print legibly. If you are your child's legal guardian, you must provide supporting court documentation with your enrollment paperwork.

Mother/Guardian Information Relationship to Child: Mother Other: _____

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

Email Address: _____ Employer: _____

Phone Number #1: _____ Cell Work Home

Phone Number #2: _____ Cell Work Home

Father/Guardian Information Relationship to Child: Father Other: _____

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

Email Address: _____ Employer: _____

Phone Number #1: _____ Cell Work Home

Phone Number #2: _____ Cell Work Home

Marital Status: Married Single Divorced* Separated

**Please supply all court documentation regarding the legal custody of your child(ren).*

If divorced, who has legal custody of your child? Joint Mother Father

Additional Information: _____

How did you hear about Early Einsteins? Please check all that apply.

Website Facebook Friend/Relative Outdoor Signage Online/Google Search Other: _____



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Emergency Contacts & Authorized Pick-up Persons – Please print legibly.

Please list **TWO** contacts other than yourself or another parent/guardian that you would like us to connect with if you cannot be reached in the event of an illness or injury. Additionally, please list any persons authorized for pick-up on any given day. Please know if the person picking up your child(ren) is not listed on this form, you must notify the Director in writing in advance. For the safety of your child, a government-issued photo ID (i.e. driver's license) will be required for any individuals with whom staff are not familiar at the time of pick-up.

Emergency Contact #1 - Required

Authorized Pick Up: [] Yes [] No

Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

Address: _____

Emergency Contact #2 - Required

Authorized Pick Up: [] Yes [] No

Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

Address: _____

Emergency Contact #3

Authorized Pick Up: [] Yes [] No

Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

Emergency Contact #4

Authorized Pick Up: [] Yes [] No

Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

Emergency Contact #5

Authorized Pick Up: [] Yes [] No

Name: _____ Relationship to Child: _____

Phone: _____ Email: _____



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Child Medical Information – If additional space is needed, please attach a separate document.

Pediatrician/Primary Physician: _____ Phone: _____

Clinic/Hospital: _____ Address: _____

Dental Name: _____ Phone: _____

Dental Company: _____ Address: _____

1. Does your child require any special **dietary** needs? [] Yes [] No

2. Does your child have any **allergies**? [] Yes [] No

3. Does your child have any **behavioral** needs? [] Yes [] No

4. Does your child have any **medical conditions** and/or needs? [] Yes [] No



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Child Allergy Information – Complete if applicable

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone #: _____

Child's Primary Physician: _____ Phone #: _____

1. Please indicate items your child has an allergy to:
- | | | | |
|---|---|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Peanut/Peanut Products | <input type="checkbox"/> Fish/Shellfish | <input type="checkbox"/> Eggs | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Soy Products | <input type="checkbox"/> Gluten | <input type="checkbox"/> Nuts | <input type="checkbox"/> Bee Stings |
- No Allergies

Other: _____

2. What things trigger an allergic reaction in your child?

3. What things should be avoided due to the allergy?

4. What are the signs and symptoms of your child's allergic reaction? Please be specific.

5. What treatment/medication does your child have in the event of an allergic reaction? Include doses.

6. What are the procedures for responding if your child has an allergic reaction?

Signature: _____ Date: _____



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Parent/Guardian Permission Agreement

I hereby give permission for the Early Einsteins Learning Center staff to provide simple First-Aid treatment to my child, when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by Early Einsteins personnel as soon as possible regarding any emergency involving my child.

Please check the following:

I understand that any medical or health related expenses will be the responsibility of my own and not Early Einsteins.

I understand that it is Early Einsteins Learning Center's policy that my child be immunized according to the schedule provided by the Minnesota Department of Health.

I hereby give permission to photograph and maintain photos of my child within the Early Einsteins Learning Center.

I hereby give permission to photograph my child and use such photos on social media outlets including but not limited to the Early Einsteins website and Facebook.

I hereby give permission to Early Einsteins management, MN State Licensors, and local health consultants to view my child's records.

I hereby give permission for my child to use all the play equipment and participate in all activities at Early Einsteins Learning Center.

I hereby give permission for my child to leave the building under supervision with appropriate staff members for walks, outdoor activities, and for field trips in an authorized vehicle.

I understand the Early Einsteins Learning Center is not responsible for my child who has not been signed in, nor is responsible after my child has been signed out. For school age children, Early Einsteins Learning Center will be responsible for my child once they enter the building after getting dropped off from the bussing transportation or upon pick up from an Early Einsteins authorized vehicle.

I have read the Early Einsteins Learning Center's Parent Handbook. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures. I understand that it is my responsibility to address any questions I may have with the Director of Early Einsteins.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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Health Care Summary – MUST BE COMPLETED BY HEALTH CARE SOURCE

Form needs to be returned to Early Einsteins within 30 days following enrollment.

Name of Child: _____ DOB: _____

Address: _____

Parent(s) or Guardian(s): _____ Phone: _____

Date of last physical examination: _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

Provide status of child's:

Vision: _____

Hearing: _____

Speech: _____

Please list all important health problems below:

Health Problem (A): _____

Followed by You: _____ Another Medical Source: _____

Requires Special Attention at Center: _____

Health Problem (B): _____

Followed by You: _____ Another Medical Source: _____

Requires Special Attention at Center: _____

Other helpful information for the child care program:

Signature of Health Source: _____ Date: _____

Address: _____ Phone: _____



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Tuition Authorization via Brightwheel

Early Einsteins uses Brightwheel, a tool for classroom management, communication, photos, videos, online bill pay, and much more. Brightwheel is the industry leader in early education, proven to save time for staff, allowing for measurably more time with students, while also delivering a much better experience for parents.

How to get setup with Brightwheel:

1. **Create a free Brightwheel account.** When you receive an invitation via email or text, please create a free parent account using either the web or mobile app. Make sure to use the same email address or cell phone number that the invitation was sent to.
2. **Confirm your child's profile.** You will see your child's profile after you create an account so you can confirm information such as birthday, allergies, and additional contacts. If you do not see your child's profile, please contact us with the email address or phone number you used to sign up. You will not see updates within Brightwheel until we start to use it regularly.
3. **Set your account preferences.** You can adjust your notification preferences within your profile settings on the app.
4. **Add your payment information.** Brightwheel offers secure, automated online payments that saves time for us and gives you advanced tools and reporting. Please add your payment information immediately. A **Brightwheel Payment Setup Guide** can be found at the end of this registration packet.

Payment information must be setup in Brightwheel prior to your first billing cycle. Failure to do so will result in a \$25 late fee for each invoice that is not paid timely.

Payment Options: Early Einsteins requires all families to pay by Automatic Debit or a Credit/Debit Card. We bill in advance for childcare services every two weeks. Those using a Credit/Debit card will have a flat rate of \$8.00 automatically added to the invoice each two-week billing period. For those using Automatic Debit from a checking or savings account, there will not be a fee and Early Einsteins will request the ACH from your bank account on Friday, the day tuition is due.

Registration Fee: A nonrefundable registration fee is required upon enrollment and can be made by check or it can be invoiced to you via Brightwheel.

- \$50 single child enrollment
- \$75 multi-child enrollment

I will pay the registration fee to Early Einsteins via **Check**

Please invoice my account via Brightwheel. I understand that payment will be due upon receipt.

Signature: _____ Date: _____



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Classroom: _____

Parent Consent for Swaddling an Infant

Placing a swaddled infant down to sleep in a licensed setting is not recommended and is prohibited for any infant who has begun to roll over independently. However, with written consent of a parent or guardian, a license holder may place the infant who has NOT YET BEGUN to ROLL OVER ON ITS OWN down to sleep in a crib, on their back, in a one-piece sleeper equipped with an attached system that fastens securely only across the upper torso, with no constriction of the hips or legs, to create a swaddle.

Any other type of swaddle, including with a blanket, is prohibited.

Prior to any use of swaddling for sleep by a licensed provider, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant. The parent or guardian must demonstrate to the provider how to safely place the baby in the swaddle, so it is not too tight or too loose.

I _____, the parent/guardian of _____ DOB _____ give written consent to Early Einsteins Learning Center to place my infant to sleep in a crib, on their back, in a one-piece sleeper equipped with an attached system ("wings") that fastens securely only across the upper torso to create a swaddle.

- I verify that my infant has NOT yet begun to roll over.
- I verify that Early Einsteins will only use the one-piece sleeper to swaddle my infant
- I verify that Early Einsteins has a one-piece sleeper with attached "wings" OR
- I verify that I have provided the one-piece sleeper with attached "wings"
- I verify that I have demonstrated to Early Einsteins how to place my child in the swaddle
- I verify that I will immediately notify the provider when my infant has begun to roll over.

Signature of Parent: _____ Date: _____

Signature of Provider: _____ Date: _____

At the time that the parent or provider observes that this infant has begun to roll over, this parental consent is no longer valid.

Baby has begun to roll over. Swaddling has been/should be discontinued.

Date: _____ Director Initials: _____ Parent Initials: _____



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Photo Release Form

I consent and authorize Early Einsteins Learning Center Inc. to use my likeness and the likeness of my child(ren) in any photograph, video or other digital media ("photos") taken or to be taken in any and all its publications, including print or web-based publications.

I irrevocably authorize Early Einsteins Learning Center Inc. to copy, edit, enhance, crop, or otherwise alter any photo for use in their publications. I also waive any rights for approval or inspection of any Photos.

I understand and agree that all photos are the property of Early Einsteins Learning Center Inc. and will not be returned to me.

I acknowledge that I am not entitled to any compensation or royalties with respect to the use of the photos.

I agree to release and forever discharge Early Einsteins Learning Center Inc. and it's employees, representatives, partners and anyone claiming through them, in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature or kind, known or unknown, which I, and anyone claiming on behalf of me, may have to claim to have against Early Einsteins Learning Center Inc. in connection with this Release.

I have carefully read and fully understand all the provisions of this Photo Release Form and am freely knowingly and voluntarily signing.

Child #1 Name: _____

Child #2 Name: _____

Child #3 Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Child Care Immunization Form

*Must be on file **before** a child attends child care*

Name _____ Birthdate _____

Date of Enrollment _____

Minnesota law requires children enrolled in child care to be immunized against certain diseases or file a legal medical or conscientious exemption.

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

Type of Vaccine	DO NOT USE (✓) or (✖)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP) • 3 doses during 1st year (at 2-month intervals) • 4 th dose at 12-18 months • 5 th dose at 4-6 years <i>Indicate vaccine type: DTaP or DTP</i>						
					5th dose not required if 4th dose was given on or after the 4th birthday	
Polio (IPV, OPV) • 2 doses in the first year • 3 rd dose by 18 months • 4 th dose at 4-6 years						
				4th dose not required if 3rd dose was given on or after the 4th birthday		
Measles, Mumps, and Rubella (MMR) • Required for children 15 months and older • 1 st dose on or after 1 st birthday • 2 nd dose at 4-6 years						
Haemophilus influenzae type b (Hib) • 2-3 doses in the first year • 1 dose required after 12 months or older • For unvaccinated children 15-59 months, 1 dose is required • Not required for children 5 years or older						
Varicella (chickenpox) • Required for children 15 months and older • 1 st dose on or after 1 st birthday • 2 nd dose at 4-6 years						
Pneumococcal Conjugate Vaccine (PCV) • Required for children age 2 - 24 months • 3 doses in the first year • 4 th dose after 12 months • At least 1 dose is recommended for children 24-59 months in child care						
Hepatitis B (hep B) • 2-3 doses in the first year • 3 rd dose (final dose) by 18 months						
Hepatitis A (hep A) • 2 doses separated by 6 months for children 12 months and older						
Recommended						
Rotavirus (2-3 doses between 2 and 6 months)						
Influenza (annually for children 6 months or older)						

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

<p>1. Certify Immunization Status. Complete A or B to indicate child's immunization status.</p>	
<p>A. Children who are 15 months or older:</p> <p>For children who are 15 months or older and who have received all the immunizations required by law for child care:</p> <p>I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.</p> <p>_____</p> <p>Signature of Parent / Guardian OR Physician / Nurse Practitioner / Physician Assistant / Public Clinic</p> <p>_____ Date</p>	<p>B. Children who are younger than 15 months:</p> <p>For children who are younger than 15 months OR have not received all required immunizations:</p> <p>I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date. The dates on which the remaining doses are to be given are:</p> <p>_____</p> <p>Signature of Physician / Nurse Practitioner / Physician Assistant / Public Clinic</p> <p>_____ Date</p>

<p>2. Exemptions to Immunization Law. Complete A and/or B to indicate type of exemption.</p>	
<p>A. Medical exemption:</p> <p>No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:</p> <p>I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):</p> <p>_____</p> <p>Signature of physician / nurse practitioner / physician assistant</p> <p>_____ Date</p> <p>*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)</p> <p>_____</p> <p>Signature of physician / nurse practitioner / physician assistant (If disease occurred before September 2010, a parent can sign.)</p>	<p>B. Conscientious exemption:</p> <p>No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:</p> <p>I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):</p> <p>_____</p> <p>Signature of parent or legal guardian</p> <p>_____ Date</p> <p>Subscribed and sworn to before me this:</p> <p>_____ day of _____ 20____</p> <p>_____</p> <p>Signature of notary (A copy of the notarized statement will be forwarded to the commissioner of health.)</p>



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Date of Enrollment: _____

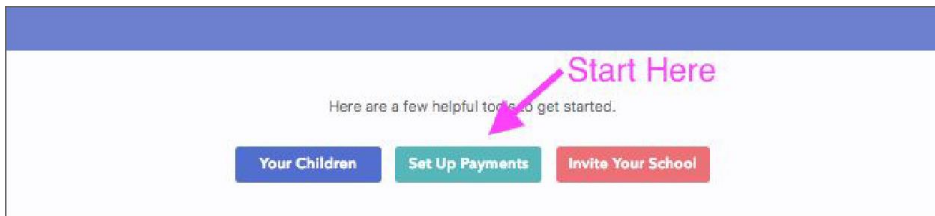
Official Start Date: _____

Classroom: _____

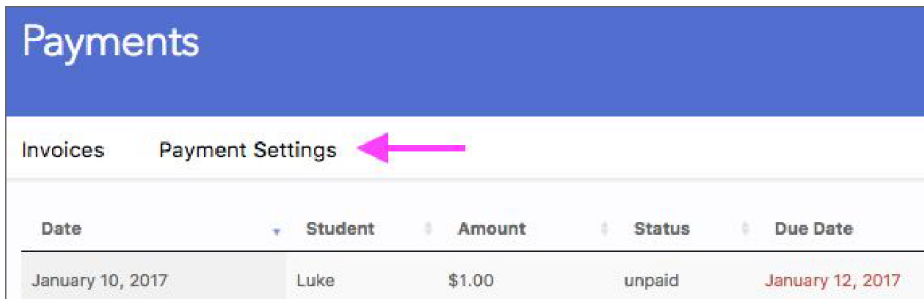
Brightwheel Payment Setup Guide

Please note this process can sometimes take up to 3 days, please give yourself time to set up the account so that you can pay on time!

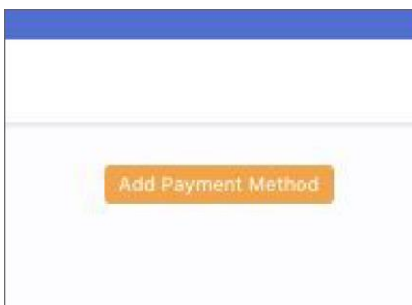
STEP 1: Sign into your account and click "Set Up Billing"



STEP 2: Click "Payment Settings". Invoices for your child will appear here.



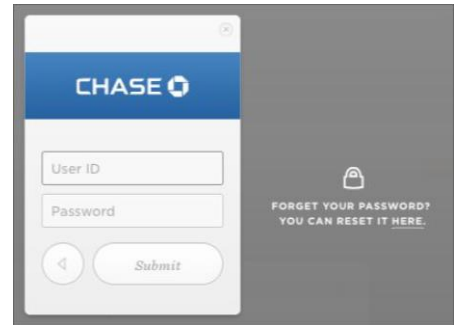
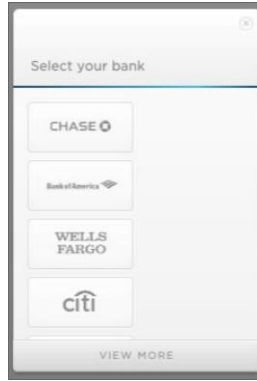
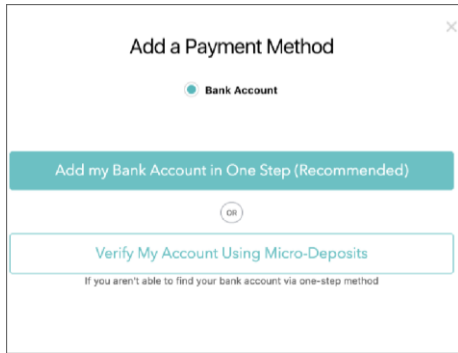
STEP 3: Click "Add Payment Method"



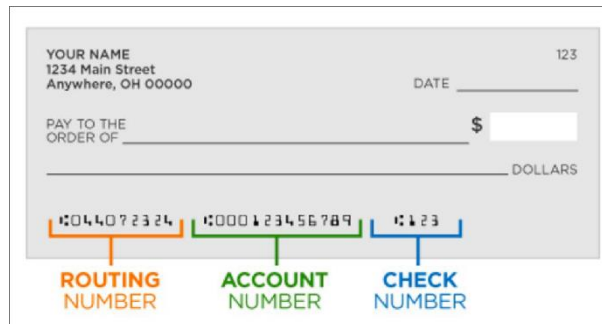
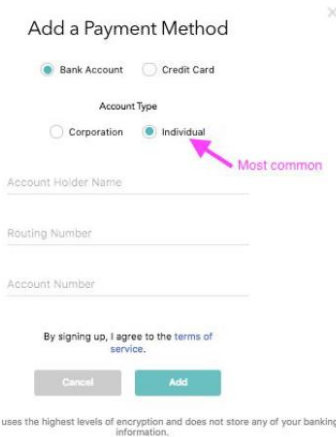
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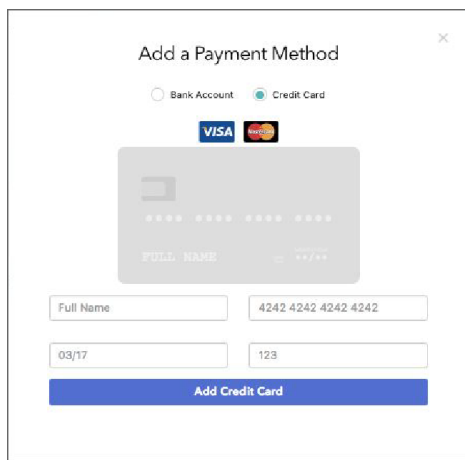
STEP 4a: If adding a bank account, click “Connect Your Bank Account”. Follow the steps listed to select your bank account and sign in.



STEP 4b: If your bank is not listed in the options in that pop-up, navigate back to the main “add payment method” window and click “add your account manually”



STEP 4c: If your school is accepting credit cards, you will also see the credit card option listed. If you want to add your card, toggle to the credit card view. Discover and American Express cards are not accepted in brightwheel at this time.





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 Classroom: _____

STEP 5 (ONLY IF ADDED BANK ACCOUNT MANUALLY):

1. Once the account is connected, we need to verify your account.
2. This can take 2 business days. (Just remember if you did this after 5pm, the business day starts the next day) Keep an eye on your account!

Once you see the few cents is deposited in your bank account, add the numbers on this screen. (This screen will wait for you and will be here when you sign back in).

Confirm Your Bank Account

Connected!

You're almost ready. For security purposes, the next step is to verify the bank information provided. Please review the following:

1. Two small deposits of a few cents will be sent to your account.
 2. Please check your account in the next 24-48 hours.
 3. When you see the deposits, return here to confirm the amounts in the form below.

\$0. First Amount

\$0. Second Amount

Verify

Invoices Payment Settings

Payment Methods

BANK NAME

Ends in: 1234

Delete: Verify

Click to bring back verification screen ➔

STEP 6: Once you successfully verify your payment method, you can pay your invoices here on your main payments page:

Payments					
Invoices		Payment Settings			
Date	Student	Amount	Status	Due Date	Take Action
January 10, 2017	Luke	\$1.00	unpaid	January 12, 2017	View Invoice
January 5, 2017	Luke	\$1.00	paid	January 11, 2017	View Invoice
November 16, 2016	Leia	\$1.00	paid	November 17, 2016	View Invoice
November 1, 2016	Luke	\$1.00	cancelled	November 4, 2016	View Invoice