

St. John's Child Care Center – Annual Registration Form

Please fill out completely and sign on page 2

Alert office of any changes during the year

Child's Name _____
Address _____
City & Zip Code _____

Current Age: ____ Years ____ Months
Date of Birth: _____
Gender: ____ Male ____ Female

Parent #1 Name: _____ Place of Employment: _____
Day Phone: _____ Cell Phone: _____ Home Phone: _____
Email: _____ (Please circle which phone # is best to use in case of emergency.)

Parent #2 Name: _____ Place of Employment: _____
Day Phone: _____ Cell Phone: _____ Home Phone: _____
Email: _____ (Please circle which phone # is best to use in case of emergency.)

Child's Physician: _____ Address: _____ Phone: _____

Emergency Care Source (other than parent) with authorization to pick up child, when parent cannot be reached:

Name: _____ Relationship to Child: _____
Address: _____ Phone: _____
Name: _____ Relationship to Child: _____
Address: _____ Phone: _____
Name: _____ Relationship to Child: _____
Address: _____ Phone: _____

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CHOICE OF PROGRAM

CHILD CARE (Toddler or Preschool)

____ Monday
____ Tuesday
____ Wednesday
____ Thursday
____ Friday

PRESCHOOL ONLY

____ Three Day
Mon, Tues, Wed, 9:00-11:30 am

____ Two Day
Thurs, Fri, 9:00-11:30 am

SCHOOL-AGE CARE

____ Monday
____ Tuesday
____ Wednesday
____ Thursday
____ Friday

Time of Arrival _____
Time of Pick-Up _____

Time of Arrival _____
Time of Pick-Up _____

On days my child is in attendance he/she will participate in:

____ Breakfast (7:40-8:20am) ____ Morning Snack (10:00am) ____ Lunch (11:30-12:30) ____ Afternoon Snack (3:00pm)

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ALLERGIES: _____

(If child has allergies, additional paperwork is required-please see Director.)

Individual Diet Needs/Requests for you child: _____

(Additional paperwork may be required-please see Director.)

Additional Health Issues your child may have that require accommodation: _____

Preferred Start Date: _____

(Please Complete 2nd Page)

Other Children in the Family:

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Names and relationships of any other adults involved in the child's care or living in home:

Languages spoken at home: _____

Please share family customs/holidays you would like to see us incorporate into our curriculum: _____

Has your child been in group care previously: _____

Child's favorite activities: _____

How did you hear about St. John's Child Care Center: _____

Date your child did or will be attending Kindergarten _____ or grade your child will enter this fall: _____
which school will they attend: _____

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To the best of my/our knowledge, my/our child is in good health, and has received all the appropriate immunizations for his/her age. I (we) authorize St. John's Child Care Center to obtain medical care in the event I (we) cannot be located.

I have read and understand all center policies and procedures and agree to abide by and follow them.

Parent signature: _____ Date: _____

Parent signature: _____ Date: _____

*Both parents must sign this form. Write N/A if one parent is not involved in child's activities.

Please return this application with registration fee to:

St. John's Child Care Center
4842 Nicollet Ave. So.
Minneapolis, MN 55419

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For Office Use Only

Registration Fee Paid:

____ Yes ____ No

Check # _____