

St. John's Child Care Center

Application for Enrollment

Child's Name

Current Age:

Years

Months

Address

Date of Birth

Zip Code

Sex

Male

Female

Telephone

Parent #1 Name

Place of Employment

Day Phone

Home Phone

Cell Phone

Parent #2 Name

Place of Employment

Day Phone

Home Phone

Cell Phone

Child's Physician

Address

Phone

Emergency Care Source (Other than the parents or physician) with authorization to pick up your child:

Name

Address

Phone

Name

Address

Phone

Who will bring the child to school?

Who will come for the child after school?

CHOICE OF PROGRAM

PRESCHOOL ONLY

CHILDCARE

(Both programs include preschool on the day the child is in attendance)

Available to Preschool age children only

Please check the number of days:

Please number in order of preference

Three Day

Mon., Tues., Wed., 9:00-11:30 a.m.

Two Day

Thurs., Fri., 9:00-11:30 a.m.

Monday

Tuesday

Wednesday

Thursday

Friday

Time of Arrival

Time of Pick Up

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

Breakfast (7:45-8:20)

Morning Snack (10:00)

Lunch (11:30-12:30)

Afternoon Snack (3:00)

Preferred Start Date

(Please Complete Second Page)

For Office Use Only

Registration fee paid?

Yes

No

Other Children in the Family:

Name

Age

Name

Age

Other Adults in the home, if any:

Name

Relationship

Name

Relationship

How did you learn about our program?

Has your child been in any daycare or preschool before?

Has your child been in any other group activities?

Child's favorite activities?

Special diet needs

Any Allergies

Special health problems or needs we must accomodate

Explain briefly how you discipline your child

What do you expect from your child from our preschool/child care?

Date your child did or will be attending Kindergarten

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

Parent's Signature

Date

Parent's Signature

Date

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

Please returns this application with registration fee to:

St. John's Child Care Center

4842 Nicollet Ave. S.

Minneapolis, MN 55419