



**ST. CROIX
DAY CARE CENTER
AND PRESCHOOL**

St. Croix Day Care Center and Preschool
111 East Orleans Street
Stillwater, MN 55082
651-439-3616
<http://www.stcroixdaycare.org>
email: st.croixdaycare@uskid.net
Local, Non-Profit Child Care Since 1969
Preschool location is NAEYC Accredited

**St. Croix Day Care Center and Preschool
REGISTRATION FORM**

Please complete and return to the office before your child's first day of attendance. For your child's safety, please inform us promptly if any changes occur. Please be sure all addresses and phone numbers are correct and complete!

CHILD'S NAME _____ NICKNAME _____

BIRTHDATE _____ MALE _____ FEMALE _____

HOME ADDRESS _____ CITY/STATE _____

CHILD LIVES WITH: MOTHER _____ FATHER _____ OTHER _____

MOTHER'S NAME _____ **HOME PHONE** _____

CELL PHONE _____ EMAIL _____

HOME ADDRESS _____ CITY/STATE _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

ADDRESS _____ PHONE _____

FATHER'S NAME _____ **HOME PHONE** _____

CELL PHONE _____ EMAIL _____

HOME ADDRESS _____ CITY/STATE _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

ADDRESS _____ PHONE _____

PERSON RESPONSIBLE FOR TUITION _____

CHILD'S PHYSICIAN _____ PHONE _____

ADDRESS _____ CITY/STATE _____

CHILD'S DENTIST _____ PHONE _____

ADDRESS _____ CITY/STATE _____



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THE CHILD WILL BE RELEASED ONLY TO THE PERSON(S) SIGNING THIS APPLICATION, OR THE FOLLOWING PERSONS.

ALSO, IF WE ARE UNABLE TO REACH A PARENT IN AN EMERGENCY, THE FOLLOWING PEOPLE MAY BE CONTACTED AND ARE AUTHORIZED TO PICK UP THIS CHILD (AT LEAST TWO ARE REQUIRED BY THE DEPT. OF HUMAN SERVICES)

1. NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ WORK _____ CELL _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ WORK _____ CELL _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ WORK _____ CELL _____

4. NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ WORK _____ CELL _____

WHO WILL USUALLY BRING THE CHILD TO DAY CARE OR PRESCHOOL? _____

WHO WILL USUALLY BRING THE CHILD HOME? _____

CIRCLE THE DAYS YOUR CHILD WILL BE IN ATTENDANCE: M T W TH F

ARRIVAL TIME _____ DEPARTURE TIME _____

DOES YOUR CHILD HAVE ANY ALLERGIES (FOOD, MEDS, OTHER)?

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATION NEEDS? _____