



111 Orleans St. East  
Stillwater, MN 55082  
651-439-3616

<http://www.stcroixdaycare.org>

email: [sheila@stcroixkids.org](mailto:sheila@stcroixkids.org)

Local, Non-Profit Child Care Since 1969

St. Croix Kids  
**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 \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_