



**Kids Country Childcare Center**  
**23256 St Francis Boulevard NW**  
**St. Francis, MN 55070**  
**(763) 753-5010**



**Student Registration Form**

**Childs Name:** \_\_\_\_\_ **Date of Enrollment:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Gender:** M F

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**First Parent/Guardian's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address (if Different):** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Social Security Number (Required):** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Business Phone:** (\_\_\_\_) \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Second Parent/Guardian's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address (if Different):** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Business Phone:** (\_\_\_\_) \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Second Parent is NOT authorized to pick up.**

**\*\*A copy of the court order is required if a parent is not allowed to pick up the child.**

**Child Lives with:** \_\_\_\_ Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other

**Other (please Explain):** \_\_\_\_\_

**In addition to the parents, who resides in the same household as the child?**

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

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**Please list any one who is Not Allowed to pick up your child from Kids Country Child Care Center.**

**(A copy of the court order is required if a parent is not allowed to pick up the child.)**

**Name(s):** \_\_\_\_\_

## Emergency Contacts and Pick up Authorization - Required

We will contact if we are unable to reach either parent and will be authorized to pick up the child.

**\*Proper Notification and Identification is required before the child will be released to anyone!**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Schedule of Attendance

Day	Drop off time	Pick up time	Drop off time <small>*For school age only</small>	Pick up time <small>*For school age only</small>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

### General Information to help make your child's transition a smooth one!

How would you describe your child's personality? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

How does your child like to be comforted? \_\_\_\_\_

How do you handle your child when he/she is being uncooperative? \_\_\_\_\_

How would you like us to handle it? \_\_\_\_\_

Tell us about your child's eating habits: \_\_\_\_\_

What is your child's current napping schedule? \_\_\_\_\_

Does your child have any specific fears that we should be aware of? \_\_\_\_\_

What is your child's toileting schedule, and how is it communicated? \_\_\_\_\_

Is your child in diapers? Yes \_\_\_\_\_ No \_\_\_\_\_ Sensitive reactions to diapers? \_\_\_\_\_

What are your expectations of Kids Country Child Care Center? \_\_\_\_\_

\_\_\_\_\_

Other information that you feel would be helpful: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medical Information

Child's Physician/Clinic: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Does your child have any of the following? If yes, please explain. (Further forms may be needed for licensing purposes.)

- Special Needs \_\_\_\_\_
- Allergies \_\_\_\_\_
- Asthma \_\_\_\_\_
- Dietary Restrictions \_\_\_\_\_
- Physical Restrictions \_\_\_\_\_
- Chronic or Reoccurring Illnesses \_\_\_\_\_
- Other that we should be aware of \_\_\_\_\_

Is your child taking any Medications?: Y N

If yes, what kind and why? \_\_\_\_\_

## Release Agreement

**\*\*Please initial each item and sign below.**

\_\_\_\_\_ I authorize Kids Country Childcare Staff to initiate Emergency Care if the need arises (i.e. First Aid, CPR).

\_\_\_\_\_ I authorize the Kids Country Childcare Health Consultant to evaluate my Child's Enrollment Forms during his/her routine review of the Health Policies.

\_\_\_\_\_ I authorize Kids Country Childcare Staff to apply Sun Screen, Insect Repellant, Lotion, or Lip Balm (which I provide) to my child as needed.

\_\_\_\_\_ I authorize Kids Country Childcare Staff to take my child on walks within a One Mile Radius of the Center when weather permits. Also, upon Notification and my Signature of Permission, Kids Country is authorized to take my child on planned Field Trips by Bus, Van or on Foot. I understand that all such Permission Forms will be kept on file and will be in effect the duration of my child's enrollment at Kids Country Childcare Center. I also understand that No Refunds will be given unless the Field Trip is cancelled by Kids Country.

Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## Policy Agreement

I have received, read, and understand the policies stated in the Parent Handbook. I also understand that the policies are evaluated annually and I will be notified of changes in writing.

Signature: \_\_\_\_\_ Date Signed \_\_\_\_\_

## Weekly Tuition Agreement

(To be completed by a director)

Weekly contracted tuition amount: \$ \_\_\_\_\_ This covers the hours scheduled on this contract and/or up to 10.5 total hours per day for full time, and up to 5 hours per day (a.m. or p.m.) for part time. This tuition includes Breakfast, Lunch, P.M. Snack, Curriculum and a fun filled day of safe learning activities. Weekly tuition is due on Friday for the following week. A \$10 late fee will be assessed at noon on Monday if payment has not been made. Payment must be received by that Wednesday to be in attendance, and if not paid by the following Monday, your child's spot will open to enrollment. \*A \$30.00 service charge will be assessed to all returned checks. If your schedule changes, so might your tuition.

Parent's Signature: \_\_\_\_\_ Date Signed \_\_\_\_\_

Director's Signature \_\_\_\_\_

## Tuition Contract

Tuition is not attendanced based. Full tuition will be charges for absences from Kids Country or closings by Kids Country. A two (2) week written notice is required for any Changes in Scheduling, Use of Vacation Weeks and/or Termination of Childcare. If a two week written notice is not given to the Director of Kids Country Childcare, you will be responsible for the tuition still owed. In addition, all accounts carrying a balance will be charged a 1.5% monthly interest fee.

**\*\*Tuition is subject to change with a 30 day written notice when the rates are evaluated yearly.**

I have read, understand, and will comply with the payment policies as stated in my contract.

Signature: \_\_\_\_\_ Date Signed \_\_\_\_\_

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### \*Office use only

Registration Fee Received:      Cash \_\_\_\_\_      Credit Card \_\_\_\_\_      Check # \_\_\_\_\_