

**Sacred Heart Kids' Zone Enrollment**  
11 5<sup>th</sup> Street SW, Adams, MN 55909 / Phone 507-582-3120  
kathylarsonbendtsen@gmail.com

<b>For Office Use Only:</b> Date Received: _____ Reg. Fee _____
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**Please check all that apply:**     Summer Enrollment                       2020-2021 School Year Enrollment

**Child's Legal Full Name:** \_\_\_\_\_

2020-2021 Grade     PRE     K     1     2     3     4     5 Age: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_     Male     Female    Child lives with:  Mother     Father     Both     Other \_\_\_\_\_

**Additional Child Information (If Necessary)**

**Child's Legal Full Name:** \_\_\_\_\_

2020-2021 Grade     PRE     K     1     2     3     4     5 Age: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_     Male     Female    Child lives with:  Mother     Father     Both     Other \_\_\_\_\_

**Child's Legal Full Name:** \_\_\_\_\_

2020-2021 Grade     PRE     K     1     2     3     4     5 Age: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_     Male     Female    Child lives with:  Mother     Father     Both     Other \_\_\_\_\_

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**Parent/Guardian Information**

**First Contact Person/Guardian Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

*\*This person will receive all mailing/billing information and will be responsible for payment.*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company/Employer Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager/Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Second Contact Person/Guardian Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company/Employer Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager/Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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**Regular Enrollment** is for families using the program on a regular basis.

Child Care Needed  
M T W Th F

Arrival Time \_\_\_\_\_

Departure Time \_\_\_\_\_

Desired Start Date \_\_\_/\_\_\_/\_\_\_

Expected Ending Date \_\_\_/\_\_\_/\_\_\_

### Non-Parent/Guardian Emergency Contact and/or Pick-up Persons

I authorize the following adults (must be at least 18 years old) to be contacted in case of emergency and/or to pick up my child(ren). Persons indicated must be reached locally. **Parent/guardian must supply two (2) contacts to register. They must be different than those people listed above.**

Adult Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Local Home Phone \_\_\_\_\_ Local Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Adult Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Local Home Phone \_\_\_\_\_ Local Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Adult Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Local Home Phone \_\_\_\_\_ Local Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Adult Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Local Home Phone \_\_\_\_\_ Local Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

- Is there legal custody, restraining orders, or school disciplinary (suspension) issues that we should be aware of?  
YES/ NO If so, please list and/or describe: \_\_\_\_\_
- Is your child receiving Special Education services? YES NO If so, please list and/or describe: \_\_\_\_\_
- Does your child have any special needs or have a medical history that would impact his/her ability to participate?  
YES/ NO \*\* If so, please complete a Child Intake Form.
- Is there anything significant about your family situation you would like us to know? YES NO If yes, please explain:  
\_\_\_\_\_

List names and ages of siblings: \_\_\_\_\_

**The policy of Sacred Heart Kids' Zone is that there shall not be discrimination against individuals based on race, color, creed, religion, national origin, disability, or status with regard to public assistance in the opportunities to participate in the program.**

**RELEASES:** By signing my name below, I agree to the following:

1. I agree to abide by the terms and conditions, and payment schedule of Sacred Heart Kids' Zone at Sacred Heart School. Past due accounts will result in suspension of care until paid.
2. In the case of an emergency involving the above named child, I authorize Sacred Heart Kids' Zone to use the Mayo Clinic Health System-Austin Emergency Room for emergency medical treatment if I or the child's doctor cannot be reached. I authorize Sacred Heart Kids' Zone staff to call 911 to seek emergency care if deemed necessary and I will be responsible for all accrued charges.
3. Are there any medications your child needs to take while at Kids' Zone? YES NO  
If so, please list \_\_\_\_\_

**\*Inquire at the school office for proper paperwork and medication policy. No medications will be accepted or administered without approved paperwork. No over-the-counter medications can be administered.**

**Registration Fee for NEW families ONLY:**

**Return this form with \$25.00 non-refundable registration fee to the Sacred Heart Office**

**RATES**

- Contracted rates are \$3.00/hour for 1 child and \$2.75/hour for each additional child.
- Drop-in rates are \$3.25/hour for 1 child and \$3.00/hour for each additional child.
- There is a 5 hour per week/minimum per child(ren).

**How will your charges be paid?**

- Self**
- Dept. of Human Services** County \_\_\_\_\_ Caseworker \_\_\_\_\_
- Grant**
- Other** (please describe) \_\_\_\_\_

Please note: All clients receiving child care assistance must have the proper paperwork completed with the agency before we can accept the registration. Any charges not covered by assistance will be the parent/guardian's responsibility.

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

**Please return completed form and registration fee to:** **Sacred Heart Schools**  
**11 5<sup>th</sup> Street SW**  
**Adams, MN 55909**  
**Phone: 507-582-3120**

**If you would like to share any information about your child that will be helpful to our staff please use the space provided.**

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