

Sacred Heart Kids' Zone
2017-2018 School Year Enrollment

11 5th Street SW, Adams, MN 55909 / Phone 507-582-3120

For Office Use Only: Date Received: _____ Reg. Fee _____

Child's Legal Full Name: _____

2016-2017 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: _____

2016-2017 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: _____

2016-2017 Grade PRE K 1 2 3 4 5 Age: _____

Date of Birth: ___/___/___ Male Female Child lives with: Mother Father Both Other _____

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 _____

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: As of June 1st

- Contracted rates are \$2.75/hour for 1 child and \$2.25/hour for each additional child.
- Drop-in rates are \$3.25/hour for 1 child and \$2.75/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 School
11 5th 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.
