St. John’s Child Development Center

Where we play and pray together…

**Registration Form**

**CHILD INFORMATION**



**Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First MI

**Birth Date:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ **Gender:**  \_\_\_\_\_ Female\_\_\_\_\_ Male

# FAMILY INFORMATION

**Child Lives With:** [ ] Both Parents [ ] Father [ ] Mother [ ] Other

|  |  |
| --- | --- |
| **Father/Guardian**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_**  **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Cell Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Best Way to contact during the day: \_\_\_\_\_\_\_\_\_\_\_**  **St John’s Lutheran Member: [ ] Yes [ ] No**  **Member of another Church: [ ] Yes [ ] No**  **If yes, name of church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Mother/Guardian**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_**  **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Phone: \_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Phone: \_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Cell Phone: \_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Best Way to contact during the day: \_\_\_\_\_\_\_\_\_\_\_**  **St John’s Lutheran Member: [ ] Yes [ ] No**  **Member of another Church: [ ] Yes [ ] No**  **If yes, name of church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Marital Status:** [ ] Married [ ] Divorced [ ] Separated [ ] Single [ ] Widow/Widower

# (Continued on Back)

## PROGRAM OF ENROLLMENT (please check one)

Full Time Part Time

\_\_\_ 6 weeks-2 Years Old \_\_\_ 6 weeks-2 Years Old

\_\_\_ 2-3 Year Old \_\_\_ 2-3 Year Old

\_\_\_ 3-4 Year Old \_\_\_ 3-4 Year Old

**Please indicate the hours in which your child will need care:**

Monday: \_\_\_\_\_\_ Tuesday: \_\_\_\_\_\_\_ Wednesday: \_\_\_\_\_\_\_ Thursday: \_\_\_\_\_\_\_ Friday: \_\_\_\_\_\_\_\_

## GENERAL INFORMATION

May we use your email to send any Center Information? \_\_\_\_Yes \_\_\_\_No What is the best way to contact you and give you information?

\_\_\_\_\_ Email \_\_\_\_ Phone \_\_\_\_ Note Sent Home

Do you give permission to the following?

* Your child’s picture/video recording on our website or newsletter? \_\_\_\_Yes \_\_\_\_No
* Your child’s picture at the St. John’s Board Meetings? \_\_\_\_Yes \_\_\_\_No
* Your child’s picture at fair booths, training seminars and advertisements? \_\_\_\_Yes \_\_\_\_No
* Your child’s picture for the Church, School, and Center Walls? \_\_\_\_Yes \_\_\_\_No

St. John’s Child Development Center is a Christian Center where we observe and recognize all Christian holidays and teach our children through play and prayer that Jesus loves them. **Initials \_\_\_\_\_\_\_**

**EMERGENCY CONTACT INFORMATION**

**If Parents cannot be reached, emergency contacts will be contacted in the order listed.**

**Contact #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #1(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #2(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #1(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #2(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Child’s Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Center has my permission, in an emergency, when I (or my physician) cannot be contacted to contact another doctor or take my child to the emergency room, or contact the Police Department. **Initials \_\_\_\_\_\_\_**

Form Edited 2/22/2017