St. John’s Child Development Center

*3K - Grade 8*

**Before and After Care**

**CHILD INFORMATION**

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

Last First MI

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

**FAMILY INFORMATION**

|  |  |
| --- | --- |
| **Father/Guardian**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_**  **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Cell Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Best Way to contact during the day: \_\_\_\_\_\_\_\_\_\_\_** | **Mother/Guardian**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_**  **Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Phone: \_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Phone: \_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Cell Phone: \_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Best Way to contact during the day: \_\_\_\_\_\_\_\_\_\_\_** |

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

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

**(Continued on Back)**

**PROGRAM OF ENROLLMENT (please check one)**

**My Child Attends**

**\_\_\_\_\_\_ St. John’s School \_\_\_\_\_\_ Portage School District \_\_\_\_\_ Pardeeville School District**

**School- Aged Children**

\_\_ Before / After School Care

**Please indicate the hours in which your child will need care both AM and PM if needed:**

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

**GENERAL INFORMATION**

May we use your email to send any Center Information? \_\_\_\_Yes \_\_\_\_No

What is the email that you wish to have it sent to? \_\_\_\_Work \_\_\_\_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

Does your child have any special education needs? \_\_\_\_Yes \_\_\_\_No

**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 \_\_\_\_\_\_\_**

**---------------------------------------------------------------------------------------------------------------------------------------** This section is to be filled out by the Director only.

New Registration Fee: $50.00 Yearly Re-enrollment Fee: $35.00