

Kids' Place Child Care
Infant/Toddler Registration Form

ONE FORM PER CHILD

Child's name: _____

Birthdate: _____

Preferred Start Date: _____

Parent/Guardian's Name _____
(first contact)

Parent/Guardian's Name: _____

Address: _____

Address: _____

City, State, Zip _____

City, State, Zip _____

Home Phone: (____) _____ Work: (____) _____

Home Phone: (____) _____ Work: (____) _____

Alternate Phone: _____

Alternate Phone: _____

Place of Employment: _____

Place of Employment: _____

Preferred email: _____

Preferred email: _____

Emergency Contacts: (must list 2) Contacts will be called when parent(s) can't be reached.

Name: _____

Name: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Authorized to pick up and transport child to Kids' Place? Y N

Authorized to pick up and transport child to Kids' Place? Y N

Is there anything special about how we create your billing account? Please explain. _____

Does your child have any physical or mental impairments which might affect his/her participation in a child care setting? _____

Typical Schedule: Drop-off Time: _____ Pick-up Time: _____

Doctor and Clinic _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Medical Alerts _____

Pre-enrollment Conference

Please schedule an appointment with your child's teacher prior to the start of care. This important meeting will help teachers learn more about your child, and will provide you with necessary information regarding Kids' Place policies and procedures.

Payment Agreement: Sign below to complete the registration. Your account will be billed for the schedule marked above. Please see the Kids' Place Calendar for non-service days. No credits will be given for holidays, absences, or emergency closings. Refer to the Kids' Place Family Handbook for information about vacation credit eligibility. By signing, you agree to pay for all charges incurred on your billing account by the due date noted on your statement each month. Your account must be paid in full each month in order to continue enrollment.

MARK here if you'd like to pay with a Visa or Mastercard account. An authorization form and information about billing dates will be sent to you.

Parent Signature _____

Date _____

**Please return form to:
Kids' Place Child Care
6300 Walker Street
St. Louis Park, MN 55416
(952) 928-6764**