



OFFICE	Date Received _____
	Processed by _____

## Kids' Place Child Care 2009-2010 School Year Grades 1-6 Registration

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender  M  F

Grade entering in fall 2009: \_\_\_\_\_ School:  Aquila  Cedar Manor  Peter Hobart  PSI  Susan Lindgren

Does your child have any physical or mental impairment which will affect his/her participation in a child care setting?  Yes  No

Was your child been previously enrolled in Kids' Place?  Yes  No

	Parent/Guardian 1 <i>Main Financial Sponsor on Account</i>	Parent/Guardian
Name		
Home Address		
City, State, Zip		
Employer Name		
Home/ Work #	H:                      W:	H:                      W:
Cell/Pager #	C:                      P:	C:                      P:
E-Mail		

Emergency Contacts: Must List 2		
People who can be called on in case of emergency to pick your child up and take them from Kids' Place.		
Emergency Contact 1		Emergency Contact 2
Name		
Home Address		
City, State, Zip		
Home/ Work #	H:                      W:	H:                      W:
Cell/Pager #	C:                      P:	C:                      P:

Additional People Authorized for Pick Up			
These are people who can pick up your child from school at any time.			
All parents and authorized persons should be prepared to present photo identification at time of pick up.			
	1	2	3
Name			
Phone			

**Typical Schedule**  
Please mark your typical weekly schedule.

**Before School Care**  Mon.  Tues.  Wed.  Thurs.  Fri.  
6:30 a.m. until the start of school

**After School Care**  Mon.  Tues.  Wed.  Thurs.  Fri.  
End of school day until 6:00 p.m.

**Early Release and Late Start Days**

*These are days when school will start 2 hours late or dismiss 2 hours early.*

*Mark the days you will need extended day care.*

**You do not need to commit to a regular weekly schedule to sign up for late start and/or early release days.**

Early Release Days  Oct. 1  Dec 3  Feb. 4  Apr. 29

Late Start Days  Nov. 12  Jan. 7  Mar. 4  May 27

**School Release Days**

*These are days when school is not in session, but Kids' Place is open. Mark the days you will need full-day care.*

**You do not need to commit to a regular weekly schedule to sign up for release days.**

Aug. 31  Oct. 15  Oct. 16  Nov. 25  Dec. 21  Dec. 22  Dec. 23  
 Dec. 28  Dec. 29  Dec. 30  Jan. 22  Mar. 19  Mar. 29  Mar. 30  
 Mar. 31  Apr. 1

Do you have special instructions regarding how your billing account is created?  Yes  No

If yes, please explain. \_\_\_\_\_

Would you like your monthly balance charged to your Visa or Mastercard account automatically each month?  Yes  No

If yes, a 2009-2010 credit card authorization will be mailed to you. A new authorization must be on file in our office each year before we are able to initiate automatic payments.

2009-2010 School Year Payment Agreement: Sign below to complete your registration. Your account will be billed for the schedule and days marked above. No credits will be given for absences due to illness, vacation, or emergency closings. By signing, you agree to pay for all charges incurred on your billing account by the due date each month. Your account must be paid in full each month in order to continue enrollment in Kids' Place and other programs of St. Louis Park Community Education.

Parent 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to:**

Kids' Place Main Office, Central Community Center,  
6300 Walker Street, St. Louis Park, MN 55416  
Phone (952) 928-6764 FAX (952) 928-6728  
kidsplace@slpschools.org