



Children's Country Day School

1588 South Victoria Road Mendota Heights MN 55118

FOR OFFICE USE ONLY:

Date Returned: _____

Reg. Ck #: _____

Amt: _____

Ck. Date: _____

Desired Starting Date: _____

CHILD'S NAME: _____
(This is the name by which we will address your child and label their belongings)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

BIRTH DATE: _____ AGE AS OF SEPT. 1: _____ / _____ SEX: M F
(YEARS) (MONTHS)

PARENT/GUARDIAN #1: _____ HOME PHONE: _____

E-MAIL ADDRESS: _____

PARENT/ GUARDIAN'S EMPLOYER: _____

WORK PHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN #2: _____ HOME PHONE: _____

E-MAIL ADDRESS: _____

PARENT/ GUARDIAN'S EMPLOYER: _____

WORK PHONE: _____ CELL PHONE: _____

ALLERGIES (please specify): _____

DIETARY RESTRICTIONS: _____

PROGRAMMING: Please check one item in each line in your child's age bracket or desired program.

TODDLERS

A.M. FULL DAY OTHER: _____

5 DAY 4 DAY 3 DAY If 3 or 4 days, please specify: _____

PRESCHOOL

A.M. FULL DAY OTHER: _____

5 DAY 4 DAY 3 DAY If 3 or 4 days, please specify: _____

Signature of Parent(s) or Legal Guardian(s):

_____ Date: _____

_____ Date: _____

(PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM)

Please list **three people other than parents** authorized to pick up your child at school or to take responsibility for your child if your child should become ill at school and you cannot be reached. Please list people who can be reached during the day. Please note: Individuals authorized to pick up your child **must live locally**.

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Doctor to be called in case of emergency: _____

Address: _____ Phone #: _____

Dentist: _____

Address: _____ Phone #: _____

(*Note: This area must be filled in. If your child has no dentist, list a provider for dental emergency.)

SIBLINGS BY AGE: _____

PREVIOUS GROUP OR SCHOOL EXPERIENCE: _____

IS YOUR CHILD TOILET-TRAINED? _____

DOES YOUR CHILD REQUIRE A NAP? _____

DOES YOUR CHILD HAVE SPECIAL NEEDS OR RECEIVE SPECIAL SERVICES? _____
