

# Pre-Registration Form

## ONE FORM PER CHILD:

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth date \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address: \_\_\_\_\_

## COMPLETE THIS SECTION IF YOU HAVE CHILDCARE ASSISTANCE OR SUBSIDY:

6-Digit Childcare Case # \_\_\_\_\_ Caseworker's Name \_\_\_\_\_

Caseworker's Telephone number: \_\_\_\_\_

Do you have a set co-payment amount from the subsidy program? \_\_\_ Yes \_\_\_ No How much \$ \_\_\_\_\_

Program which subsidizes your childcare fees: \_\_\_\_\_

## ABOUT THE CHILD:

Does the child have any allergies: \_\_\_ Yes \_\_\_ No If so, what allergies: \_\_\_\_\_

Is the child on dietary restrictions: (example: no milk, no cheese, etc.): \_\_\_\_\_

Is the child on any medications: \_\_\_ Yes \_\_\_ No If so, what medications: \_\_\_\_\_

## ABOUT THE TYPE OF CARE YOU NEED: (HOURS: M - F; 6:30 A.M. – 11 P.M.)

Days your child will attend: \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri

Arrival Time: \_\_\_\_\_ AM \_\_\_\_\_ AM \_\_\_\_\_ AM \_\_\_\_\_ AM \_\_\_\_\_ AM

Departure Time: \_\_\_\_\_ PM \_\_\_\_\_ PM \_\_\_\_\_ PM \_\_\_\_\_ PM \_\_\_\_\_ PM

**Fax completed form to: Cora Long, (612) 381-0748  
Or email [clong@seed-harvest.org](mailto:clong@seed-harvest.org)  
For more information call – (612) 374-3178**