

St. John GrandKids Application

Enrollment Date \_\_\_\_\_

Name of Child \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Mother's cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Father's cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Employer's Name \_\_\_\_\_ Employer's Phone \_\_\_\_\_

<u>Others in Household</u>	<u>Relationship to Child</u>	<u>Age</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Information (Habits, routines, fears, likes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

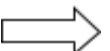
**Family Traditions, customs,  
preferences**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been enrolled in day care before? \_\_\_\_\_

For how long? \_\_\_\_\_ Where? \_\_\_\_\_

Over



Persons authorized to pick up child:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Persons NOT authorized to pick up child:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Medical Information

Child's Physician \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Allergies to Medication \_\_\_\_\_

Allergies to Food/Other \_\_\_\_\_

If yes, TO ALLERGIES, Documentation from Doctor required.

Any other Special Instructions \_\_\_\_\_

**The above information has been provided by** \_\_\_\_\_  
**(signature of parent/guardian)**

**Date** \_\_\_\_\_.

Publicity Permissions: I give permission for my child to be included in any newspaper, radio, television, facebook or website publicity that may occur as a participant in the GrandKids program.

Parent/Guardian signature \_\_\_\_\_

Medical Permission: I give permission for my child to receive treatment by a hospital or doctor for any emergency or sudden illness that may occur while my child is at GrandKids. I understand that I will be responsible for the charges for this care.

Parent/Guardian signature \_\_\_\_\_

For help with this application process in another language, please visit :  
[www.usatranslationcompany.com/in/minnesota](http://www.usatranslationcompany.com/in/minnesota) or [www.mn.gov](http://www.mn.gov).

