Minnesota Chinese Day Care & Learning Center

Enrollment Application

Child's Name:_____
(First) (Last) (Middle)

Birthday:____/____/____ Age:_____ **Referred By:**_____ **Start Date:**____/____/____
(Month / Day / Year) (Month / Day / Year)

Parent's Information:	MOTHER	FATHER
Name:		
Address:		
Telephone:		
Employer:		
Employer Address:		
Work Phone:		
Email:		

Responsible relatives/friends to call and are authorized to pick up child if parents can't be reached:

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

The following Physician is authorized to give emergency care to my child:

Physician's Name **Address**

Telephone **City** **State** **Zip**

If unavailable, another licensed Physician may treat my child: YES NO

Dentist's Name **Address**

Telephone **City** **State** **Zip**

If unavailable, another licensed Dentist may treat my child: YES NO

Parent's Insurance Company **Contract #** **Group #**

Services Provided (including days, hours, meals, etc.) **Special Condition (special diet, need)**

Authorization is hereby given to the Day Care Provider to provide transportation for my child: YES NO

AUTHORIZATION: We the undersign hereby agree by the arrangements and authorization to state above. We have discussed the information required in rule part 9502.0405

Signature of Day Care Provider **Date** **Signature of Parent Addmitting Child** **Date**