



Minnieland Private Day School, Inc.

September Re-Registration Form

Center: _____
Re-Registration Date: _____
Withdrawal Date: _____

Directions: In order to best meet the needs of your child, it is essential that all of the information below is kept up-to-date. Even if nothing has changed over the past year, it must be completed in full every September. Thank you for your time in assisting us to keep your child's information current.

Child's Name _____ Nickname _____ Date of Birth _____ Sex _____

Mother/Father/Guardian Information

(List only individuals who have legal custody of child. If mother is not listed, or if guardian is not a parent, legal proof of custody must be provided.)

Name _____ SSN _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Employer _____ Email Address _____
 Employer Address _____

Mother/Father/Guardian Information

(List only individuals who have legal custody of child. If father is not listed, or if guardian is not a parent, legal proof of custody must be provided.)

Name _____ SSN _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Employer _____ Email Address _____
 Employer Address _____

EMERGENCY CONTACT INFORMATION

Persons authorized to pick-up the child daily: _____
 Persons to be contacted in case of illness, accident or emergency and authorized to pick-up the child from the school if the parents or guardians cannot be reached. *(Minimum of 2 required)*

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Child's Physician _____ Phone _____
 Child's Dentist _____ Phone _____

List allergies and intolerance to foods, medications or other substances _____
 Action to be taken _____

SCHOOLING

Is your child attending another school concurrently with our program? _____
 Name of School: _____ Grade or Class Level: _____

COMMENTS

In what particular ways can we help your child this year? _____

