

Day by Day Child Development Center, Inc.
1565 Cliff Road, Suite 9
Eagan, MN 55122
651-405-8005

REGISTRATION RECORD

Child's Name: _____ DOB: _____

Child's Address: _____

Mother's Name: _____ DOB: _____

Mother's Address (if different than child's): _____

Mother's Driver's License #: _____ (required field)

Mother's SSN: _____ (required field)

Mother's Employer: _____

Mother's Email Address: _____

Mother's Phone Numbers: Home: _____

Cell: _____ Work: _____

Best Number to reach you at during the day: Home Cell Work (circle one)

Text Messages: Yes No Cell Phone Provider: _____

Father's Name: _____ DOB: _____

Father's Address (if different than child's): _____

Father's Driver's License #: _____ (required field)

Father's SSN: _____ (required field)

Father's Employer: _____

Father's Email Address: _____

Father's Phone Numbers: Home: _____

Cell: _____ Work: _____

Best Number to reach you at during the day: Home Cell Work (circle one)

Text Messages: Yes No Cell Phone Provider: _____

Child's anticipated first day of attendance will be: _____

My child will attend Day by Day Child Development Center as follows:

- Full-time (Monday - Friday)
- 4 days per week (specify days below)
- 3 days per week (specify days below)
- 2 days per week (specify days below)

Needed care will be:

- Full-time days (over 6.5 hrs per day between 6:30 am and 6:00 pm)
- 2/3 time days (less than 7 hrs, starting anytime)

Days and times of anticipated attendance: _____

Has your child attended preschool/child care before? If yes, in what type of setting and for how long?

Does your child have any siblings? If yes, please provide their names and date of birth.

First Name: _____ DOB: _____

First Name: _____ DOB: _____

First Name: _____ DOB: _____

How did you hear about Day by Day Child Development Center? If by referral, by whom? _____

NOTE: A one-time non-refundable registration fee of \$50.00 per child will officially enroll your child. How will you be paying this fee? If registration start date is more than 30 days out, a non-refundable tuition deposit will also be required. This will be equal to 50% of child's anticipated schedule and will be calculated by the director. All deposits paid will be applied to your child's first month of tuition at time of actual start date.

- Cash
- Check Number: _____
- Credit Card

Date Paid: _____ Amount Paid: _____

Promotion/Waiver: _____ by _____