



## WARM WORLD CHILD DEVELOPMENT CENTER

13575 Street North  
Oak Park Heights, MN 55082  
651-275-5900

### APPLICATION FOR ENROLLMENT

Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Home Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
Mother's Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_  
Mother's Place of Employment \_\_\_\_\_  
Mother's Address and Phone if different from above \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
Father's Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_  
Father's Place of Employment \_\_\_\_\_  
Father's Address and Phone if different from above \_\_\_\_\_

**Names and Ages of Siblings** \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Doctor's Clinic and Address \_\_\_\_\_

**Dentist's Name** \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Dentist's Clinic and Address \_\_\_\_\_

Name, address and phone of local persons authorized to take your child from the center and care for your child.  
Local persons only, minimum of 2 contacts.

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

Has your child had previous group experience? \_\_\_\_\_ Where? \_\_\_\_\_

Describe your child's personality \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_  
\_\_\_\_\_

To secure a spot for your child at Warm World Child Development Center, a completed Child Care Services Agreement along with a paid registration and security fee must be on file with the Warm World office. Additional forms will be provided and required prior to the agreed start date.

Start date and schedule will be based on availability.

Preferred Start Date \_\_\_\_\_

Days care is needed at Warm World (circle all that apply)                      M T W TH F

Drop off and pick up times:\*\*

	<b>Drop Off Time</b>	<b>Pick Up Time</b>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

\*\*Care cannot exceed 10 hours per day. If additional hours are needed, see the Director for availability and fee.

I give my permission to Warm World Child Development Center to make whatever emergency measures as judged necessary for the care and protections of my child while under their supervision.  
In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit 911 for treatment if the local emergency resource deems it necessary.  
It is understood that in some medical situations, the staff will need to contact the local emergency resource 911 before the parent, child's physician, and/or other adult acting on the parent's behalf.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_