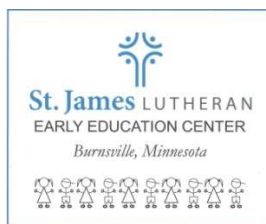


**St. James Lutheran Early
Education Center**
3650 Williams Dr.
Burnsville, MN 55337
952-890-4574
www.sjleec.com



SJLEEC General Registration Form

Child and Family Information

Child's Name: _____ Birthday: _____
Month/ Day/ Year

Father's Information

Father's Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Father's Occupation: _____

Place of Employment: _____

Business Phone: _____

Work Hours: _____

Contact E-mail: _____

Mother's Information

Mother's Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Mother's Occupation: _____

Place of Employment: _____

Business Phone: _____

Work Hours: _____

Contact E-mail: _____

Status of Parents: Father Living? _____ Mother Living? _____

One Parent or Two Parent Home? _____

Name of Step-Father/Mother: _____

Names and ages of siblings: _____

Emergency Contact & Authorized Pick-Up People

List two emergency contacts that are also authorized to pick-up your child.

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

List emergency contact information for your child's physician and dentist.

Child's Physician _____ Office Name: _____

Address: _____ Phone: _____

Child's Dentist: _____ Office Name: _____

Address: _____ Phone: _____

Who brings child to school? (Please circle) Father Mother List below if someone other than a parent.

Name: _____ Phone: _____

Address: _____

Who picks child up from school? (Please circle) Father Mother List below if someone other than a parent.

Name: _____ Phone: _____

Address: _____

Anyone NOT allowed to pick-up your child? Name(s):
