

Visitation Child Care Center

...a part of Visitation School
2455 Visitation Drive
Mendota Heights, MN 55120

Dear Parents,

Thank you for expressing interest in the Visitation Child Care Center. The Center has been serving families of infant, toddler, and preschool age children since October 1993.

The enclosed packet includes a brief explanation of our program and its philosophy; as well as financial information and the forms needed for application.

To begin the application process, the Registration Form and Child's Daily Schedule must be completed and returned along with a \$25.00 registration fee. Receipt of the registration forms and fee will place your application in the wait pool for the appropriate age group. Be sure to include your maiden name and your graduation year if you are an Alumnae of Visitation. If your husband is a STA graduate be sure to include his year of graduation as well.

Unfortunately, with a high demand for care and a licensed capacity of only 70 children, we are unable to accommodate all applicants. Currently we have limited spots available. As a part of Visitation School, the Child Care Center prioritizes serving the child care needs of the school community. Families from outside the school community will be served, as space is available.

Please feel free to contact the Program Coordinator if you need further information about our program or would like to schedule a tour.

Anne Cherrier, Program Coordinator
(651) 683-1739

Visitation Child Care Center Registration Form

Child's Name: _____ Birthday: _____

Parent #1

Name: _____

Address: _____

City/St: _____ Zip: _____ Home Phone: () _____

Occupation: _____ Employer: _____

Work #: () _____ Cell #: () _____ Email _____

Parent #2

Name: _____

Address: _____

City/St: _____ Zip: _____ Home Phone: () _____

Occupation: _____ Employer: _____

Work #: () _____ Cell #: () _____ Email _____

Emergency Contacts who are authorized to pick up your child if needed:

Contact #1

Name: _____ Relation to Child: _____

Address: _____

City/St: _____ Zip: _____ Home Phone: () _____

Work #: () _____ Cell #: () _____

Contact #2

Name: _____ Relation to Child: _____

Address: _____

City/St: _____ Zip: _____ Home Phone: () _____

Work #: () _____ Cell #: () _____

Additional adults authorized to pick up child (optional):

Name: _____ Relation to Child: _____

Address: _____

Home #: () _____ Work #: () _____ Cell #: () _____

Name: _____ Relation to Child: _____

Address: _____
Home #:() _____ Work #:() _____ Cell #:() _____

3.

Medical Information:

Doctor: _____
Address: _____
City/St: _____ Zip: _____ Phone:() _____

Hospital: _____
Address: _____
City/St: _____ Zip: _____ Phone:() _____

Dentist: _____
Address: _____
City/St: _____ Zip: _____ Phone:() _____

Specialist: _____
Address: _____
City/St: _____ Zip: _____ Phone:() _____

Specialist: _____
Address: _____
City/St: _____ Zip: _____ Phone:() _____

Insurance Company: _____ Policy #: _____
Bank Name: _____ Phone #:() _____

Special Medical Information: Allergies, Medications, Etc,

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CHILD'S DAILY SCHEDULE REQUEST

Child's Name: _____ Birthday: _____

Requested Starting Date: _____

(Application will remain on file indefinitely. Your child will move forward automatically to the wait pool for the appropriate age group.)

FULL TIME

HOURS

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

PART TIME

HOURS

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Family Affiliation: _____

Please indicate if you have any flexibility in scheduling and would like to be considered for any part time openings: _____
