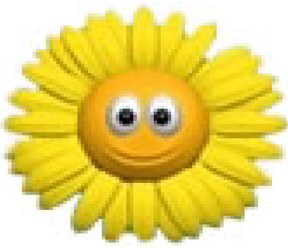
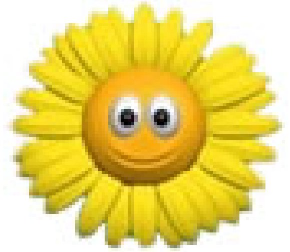


Discover Magical Moments Daycare Center, Inc.
P.O. Box 7568
5450 Royal Place NW
Rochester, MN 55901
507-289-7463



Enrollment Form

Start Date for child care _______________

Child's Name: ________________________________ Male ____ Female _____

Date of Birth ___________________________ Age at Enrollment ___________

Child's Current Address ____

City __________________________ State _________ Zip Code ____________

Mother's Name:____

Mother's Current Address ____

City __________________________ State _________ Zip Code ____________

Home Phone # ________________ Work phone # ______________________

Mother's Place of Employment _____________________________________

Father's Name:____

Father's Current Address ____

City __________________________ State _________ Zip Code ____________

Home Phone # ________________ Work phone # ______________________

Father's Place of Employment ______________________________________

Special instructions regarding how to reach either parent during center hours. (cell phone #, pager, etc.) ____

Tuition and Payment Schedules

Method of payment: (circle appropriate)

All tuition payments are due Mon. of each week

MN Assistance (Child Care Resource & Referral)

Other ____

(Each parent/guardian must make payment arrangements with our office administrator before care is to begin).

Discover Magical Moments Daycare Center must have an immunization form filled out and in our possession prior to giving care. The Health Care Summary Form is required to be completed by a Health Care Provider and turned into our Receptionist within the first 30 days of child care.

Hours of Care Needed

Mon ________________
Tue _________________
Wed ________________
Thur ________________
Fri _________________

** If your schedule changes at any time Discover Magical Moments Daycare Center administrative staff will do our best to work with each family to meet your needs. The more notice we have the better able we will be to meet your needs.

Child Pick-Up Authorization

The following individuals are authorized to pick-up ________________________

From Discover Magical Moments Daycare Center, accompanied by a picture I.D. (preferably a driver's license).

(Include parent's names)

1. ____ Phone # _______________
2. ____ Phone # _______________
3. ____ Phone # _______________
4. ____ Phone # _______________
5. ____ Phone # _______________
6. ____ Phone # _______________

Medical Information

Physician's Name: ____

Medical Center: ____

Address: ____

Phone # _______________________

Dentist Office: ____

Address: ____

Phone # ______________________

Emergency Contact Persons

Name: ____ Phone # ____________

Address: ____

Name: ____ Phone # ____________

Address: ____