

# EDINA FAMILY CENTER – SIBLING CARE REGISTRATION 2011-12

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Today's Date

Questions?

danhodson@edina.k12.mn.us

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s) \_\_\_\_\_  Male  Female

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

## FOR OFFICE USE ONLY

Class #	Sib-Day	Times	Travel	Sib Care Fee	Non-Refundable Registration Fee	Total	Sibling In Class
_____	M T W Th F	__: __ - __: __	_____	\$ _____	\$ _____	\$ _____	_____
_____	M T W Th F	__: __ - __: __	_____	\$ _____	\$ _____	\$ _____	_____
_____	M T W Th F	__: __ - __: __	_____	\$ _____	\$ _____	\$ _____	_____

Non-Resident  Scholarship  Payment Plan  Employee Discount

Payment Method:  VISA  MasterCard  Check # \_\_\_\_\_  Cash  Gift Card \_\_\_\_\_ Amount \$ \_\_\_\_\_

VISA/MasterCard # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

**IMPORTANT!**  
Please complete the reverse side of this registration form. Thank-you.

I authorize Edina Family Center to charge my Visa/MasterCard for the remaining of the 2011-12 school year fees. **(OVER)**



# EDINA FAMILY CENTER – SIBLING CARE REGISTRATION 2011-12

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Are there any **SPECIAL NEEDS** we should be aware of? (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any **ALLERGIES** we need to be aware of? (please list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_