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Albany, MN 56307



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**2024-2025 Childcare Program Registration**  
(Registration dependent on child's birth date and availability)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home Address \_\_\_\_\_

Parents:

Mother \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

Father \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contacts

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Authorized to Pick-up (in addition to Parents and Emergency Contacts)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Hours	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

I give permission for Holy Family Staff to seek emergency medical treatment for my child in the event of an injury or serious illness.

I agree to a monthly prepayment plan of childcare in order for my child(ren) to attend the following month

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_