

Welcome to Club MOM!

Saint Paul – Ramsey County Public Health: Family Health Division
90 Plato Blvd West, Suite 200, St. Paul, MN 55107

REGISTRATION FORM

Date _____

Your Name _____

Address _____ Apartment # _____

City _____ State MN Zip code _____

Your birthdate _____

Race (*circle any that apply*): Black/African American Asian American Indian/Alaska Native
White Native Hawaiian/Other Pacific Islander Declined
Other _____

Ethnicity (*circle one*): Hispanic or Latino Not Hispanic or Latino Declined

Please complete each of the following and check the best or preferred way to reach you:

- Home Phone _____
- Cell phone _____ **Okay to text?** Yes / No

Your children who will participate in free child care at Club Dad:

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

Name _____ Age _____ Birthdate _____

Are you currently pregnant ? **Yes / No** If yes, when is your baby due ?

So that we can plan dinner for everyone, does anyone in your family have a food allergy or special dietary need? **Yes / No** If yes, please list: _____

Do any of your children have a medical condition the childcare providers should be aware of?
Yes / No If yes, specify which child and what the condition is: _____

Do **You** have a medical clinic: Yes/No Provider: Yes/No

Does your **Child/Children** have a medical clinic: Yes/No Provider: Yes/No

Comments: _____

Other forms for your review & signature attached:

- Acknowledgement of Receipt of Notice of Privacy Practices**
- Authorization For Public Health Services**

Referral Source/ Contact: _____

**FAX: (651-266-1834) Attn: Sharron Berkley 612-772-2588 or
LaSherion McDonald 612-368-4453**