

# Welcome to Club Dad!

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 \_\_\_\_\_

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: Thomas Chatman or cell 612-500-7415**