Kids Corner of Caledonia

Application for Waiting List

If you are interested in a spot at Kids Corner, please fill out this form and send it to us either by email or mail. By filling out this form you are informing us of your interest in Kids Corner. It does not guarantee a spot for your child. We will contact you with possible openings.

Email: [caledoniakidscorner@gmail.com](mailto:caledoniakidscorner@gmail.com)

Address: 519 Old Hwy Dr., Caledonia MN, 55921

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Expecting Mother

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days of care needed: M, T, W, H, F

Expected Hours of Care: \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Birthdates of Children needing care:

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

If we have a spot available, there is a $30 per child registration fee to hold a spot at Kids Corner of Caledonia.

Date Paid: \_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accepted: \_\_\_\_\_\_\_\_\_\_\_\_ Official Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_