



Day Care Day Registration Form Friday, August 12, 2011

Name of Day Care: _____

Name of Contact Person: _____ Phone: _____

Address of Daycare: _____

First names of adults/helpers coming:

First names and ages of children coming:

Total number of people coming from your daycare: _____

Total number of vehicles you will be bringing: _____

We are offering these time slots for your visit. *The total time you will be a part of our Day Care Day is approximately two hours.* Please rank your choices (1st – 5th):

9:00 _____ 9:30 _____ 9:45 _____ 10:00 _____ 10:15 _____

Space is limited, so please return this form as soon as possible if you are interested in coming to Day Care Day. Registration forms will be accepted until August 1st.

You will be sent a confirmation letter including the time slot assigned to your group, nametags for your group, and a free one-day parking pass.

If you have any further questions, please contact Carrie Passon at 507-934-9418 (home) or carriepasson@gmail.com if you have any questions.

Return this form to:

*Day Care Day
Carrie Passon
1415 Winona Street
Saint Peter, MN 56082
or e-mail carriepasson@gmail.com*