



# PRE-REGISTRATION FORM

## MERCY EMPLOYEE CHILD CARE CENTER

1010 Three Springs Blvd., Durango, Colorado 81301

Phone: 970-764-1375 Fax: 970-764-1389

[KimberlieBrown@Centura.org](mailto:KimberlieBrown@Centura.org) or [ElishaSission@Centura.org](mailto:ElishaSission@Centura.org)

Parent's Name: \_\_\_\_\_ Employed By: \_\_\_\_\_  
 Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Employed By: \_\_\_\_\_  
 Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Child's name	Age	Birthday/Due Date	Special Requirements*	Days of Week	Times of Day

*\*Please note that if your child has a specific special need that requires a health care plan, we will need this completed before your child's first day.*

The first day that I will need coverage is: \_\_\_\_\_  
 I need the days and hours listed above scheduled consistently each week.  
 My needs change on a weekly basis requiring a flexible schedule (MRMC employees only).

I agree to pay registration fees, complete all required application information and provide documentation of a health checkup and vaccinations prior to the first day of coverage. I understand that my pre-registration form will remain on file for 1 year. After 1 year, it will be destroyed unless I contact MECCC to confirm child care needs. While we do prioritize to Mercy employees, a pre-registration form on file does not guarantee enrollment.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

[Office use only]

Contact notes	

We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.