



ENROLLMENT FORM

CHILD INFORMATION & EMERGENCY CONTACT

Name(s): _____

DOB(s) & Sex: ____ / ____ / ____ M F ____ / ____ / ____ M F ____ / ____ / ____ M F

Toilet Trained: Yes No In Progress Yes No In Progress Yes No In Progress

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
Physician or Doctor			
Hospital			
Emergency Contact <i>(Other than Parent)</i>	Relation:		
Emergency Contact <i>(Other than Parent)</i>	Relation:		

Does your child(ren) have any of the following allergies? Check all that apply

Asthma Bee Stings Eggs EpiPen Milk Peanuts Penicillin/Amoxicillin Pollen Wheat

Any Medical Conditions or other Important Information: Yes No, If Yes Please explain: _____

PARENT/GUARDIAN INFORMATION - IF NON-APPLICABLE MARK NA, FILL OUT COMPLETELY!

Mother: _____

Address: _____

Employer: _____

Employer Address: _____

Father: _____

Address: _____

Employer: _____

Employer Address: _____

Email: _____

Cell Phone: _____

Cell Phone Carrier: _____

Work Phone: _____

Email: _____

Cell Phone: _____

Cell Phone Carrier: _____

Work Phone: _____

PICK UP AUTHORIZATION

Persons Authorized to pick up my child(ren) - Attach page for additional authorized persons:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>

Persons NOT authorized to pick up my child (To refuse paternal parent you must provide court documentation):

Children will only be released to individuals who Kiddy Kollege Child Care has **written authorization** for. Please note that this form must be kept on file and updated whenever changes are necessary. ALL authorized persons to pickup children will be required to have valid photo identification. Any court orders regarding child's custody in the event that the child is not to be released to the non-custodial parent will need to be provided to center.

TIME AGREEMENT (WRITE NAMES OF CHILDREN & THEIR SCHEDULE ON EACH DAY ITS APPLICABLE)

CHILD'S NAME	TIME - 10 HOURS MAXIMUM DAILY				
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Parent's Name (Please Print)

Parent's Signature

____ / ____ / ____
Date

CHILD INTRODUCTION FORM

Please help us get to know your child(ren). What are his/her routines, likes, dislikes, etc.

Child's Name			
Eating (Likes, Dislikes, Amounts & Times)			
Sleeping (Current Schedule & Any special routines/items)			
Toileting			
Interests/Likes			
Fears/Dislikes			
Habits			
Favorites			
Any Developmental Concerns?			
Typical Daily Routine			
Previous Childcare Experiences?			
Any other notes we should know?			

Thank you for this information, it will surely help with transitioning to our new atmosphere