



# 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>
<b>Physician or Doctor</b>			
<b>Hospital</b>			
<b>Emergency Contact</b> <i>(Other than Parent)</i>	<b>Relation:</b>		
<b>Emergency Contact</b> <i>(Other than Parent)</i>	<b>Relation:</b>		

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)

<u>CHILD'S NAME</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>

\_\_\_\_\_  
Parent's Name (Please Print)

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

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# CHILD INTRODUCTION FORM

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*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*