

Account Number: _____



Admission Date: _____

Enrollment Information

Child's Name _____ Sex: M ___ F ___ Date of Birth _____

Child's Address: _____ City: _____ State: _____ Zip: _____

Mothers Name: _____ DL# _____
HM# _____ Cell# _____ Work# _____

Fathers Name: _____ DL# _____
HM# _____ Cell# _____ Work# _____

Guardians Name: _____ DL# _____
HM# _____ Cell# _____ Work# _____

Contact and Release

Give the name, address and phone number of the person to call in case of emergency if parents/guardian cant be reached:

1. _____
Name Address Phone Relationship

Give the names and telephone numbers of persons to whom your child may be released to:

1. _____
Name Phone Relationship

Give the names and telephone numbers of persons to whom your child may be released to:

2. _____
Name Phone Relationship

Consent for medical treatment

In the event i cannot be reached, to make arrangements for emergency medical attention at the time of illness or accidents, I authorize Kiddin' Around to take my child to :

1. _____
Name of physician Address Phone Number

2. _____
Name of clinic/hospital Address Phone Number

I give consent to Kiddin' Around to secure any and all necessary emergency medical care for my child

Parent or legal guardian

List any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use. and any other information tht staff should be aware of: _____

Childrens Records

My child's immunization records, vision/hearing screening, tuberculosis test are current and on file at the pre-kindergarten or school that she/he attends

Name of Pre-Kindergarten or School Address and Phone Number

Date Parent Signature

I give permission I DO NOT give permission for my child's picture to appear in either the Kiddin' Around newsletter and/or website.

Parent admission signature: _____ Date: _____
(Parents read and agree with policies and procedures)

Office use: _____