

COUNTRY PLACE PRESCHOOL KIDS UNLIMITED

Child's Name _____ Sex _____ Birthdate _____
Home # _____ Cell # _____ Date of Admission _____
Person with whom child lives _____
Father _____ Address _____
Mother _____ Address _____
Mother's Place of Employment _____ Tel No. _____
Father's Place of Employment _____ Tel No. _____
Individuals to contact in case of emergency: _____ Tel No. _____
_____ Tel No. _____ Tel No. _____
Child's Doctor _____ Doctor's Phone # _____
Child's Dentist _____ Dentist's Phone # _____
Does your child have any food allergies? Yes No
Does your child have any other allergies? Yes No
Does your child have any dietary restrictions? Yes No
Please explain any "yes" answer here: _____

Special Medical Conditions? *Place a check mark next to the one that applies.*

☐ ADD ☐ ADHD ☐ Asthma ☐ Autism ☐ Speech Delay ☐ Vision Impairment

Any Behavioral Issue?

☐ Biting ☐ Hitting ☐ Kicking ☐ Oppositional

Has your child ever been kicked out of any other center? ☐ Yes ☐ No

Previous Center for a Reference? _____

Self-Pay or State Pay for Tuition? _____

My child has permission to be released to the following individuals, childcare facilities, or transportation services, in addition to emergency contact persons listed above. (Please notify these individuals that they may be asked to show proof of identity).

Name Relationship

Parent further agreed upon tuition must be paid even if the child does not attend any or all the days which this child is enrolled for. Tuition becomes due and payable promptly on the Monday of each week in advance.

_____ (For Facility) _____ (Parent)
 _____ (Date)

Parent Signature _____ Date: _____

Parent Signature _____ Date: _____

Parent Signature _____ Date: _____

Parent Signature _____ Date: _____

Mother's E-Mail Address: _____

Note: Fill in all lines on both sides of card with required information or write N/A (Not Applicable). DO NOT leave any blank lines.