



**Kingdoms Daycare Center**

**3050 LIBERTY CIR S**

**Las Vegas NV, 89121**

**725-205-2972**

**Student Enrollment Information**

**Admission Date** \_\_\_\_\_

**Withdrawal Date** \_\_\_\_\_

Please Fill out **all** information completely, including all addresses.

**Child Information**

Date of child's 1<sup>st</sup> day (approx.)

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle  
Name \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of  
Birth \_\_\_\_\_

Social Security  
Number \_\_\_\_\_

Living Arrangement: ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Home  
Address \_\_\_\_\_

Home Phone \_\_\_\_\_  
\_\_\_\_\_

Legal Guardian(s): ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

If your child is under 5, are they ( ) Potty Trained ( ) In Pull-ups (if over 2) ( ) In Diapers if under 2)

If your child is over five and attends school, please specify school name \_\_\_\_\_

Do you want to sign up for internet viewing for \$15.00 per month? ( ) Yes ( ) No

### **Parent Information**

#### **Parent 1**

( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security Number  
(optional) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work

Address \_\_\_\_\_

E-Mail

Address \_\_\_\_\_

#### **Parent 2**

( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security Number  
(optional) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work

Address \_\_\_\_\_

E-Mail

Address \_\_\_\_\_

**Emergency Information** (Must have doctor's name and phone number)

**Family Doctor**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Office Hours \_\_\_\_\_

**Family Dentist**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Office Hours \_\_\_\_\_

**Emergency Contacts** (list at least 3 not including parents)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Authorized Pick-Ups** (must have complete addresses)

**Only the people listed will be allowed to pick up your child. Include parents.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Child's Medical Information**

Does your child have any physical limitations, mental health disorders, mental retardation, developmental disabilities, or behavior disorders which could limit or challenge the child's participation in the center's programs and activities? ( ) Yes ( ) No  
If yes, specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any special instructions in caring for your child? ( ) Yes ( ) No  
If yes, specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies**

Does your child have allergies (insect, seasonal, medications, foods, etc.)?  
( ) Yes ( ) No If yes, specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any foods your child may be allergic to or sensitive to, as our center nutritionist uses this information. Please note that a doctor's note and allergy form will be required. Depending on the allergy and severity, parents may be required to bring in meals from home.

Child's Name \_\_\_\_\_  
Food List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An allergic reaction that occurs when ingested:

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Does your child have an EpiPen? ( ) Yes ( ) No

If there are any special instructions concerning your child's allergies or allergic reactions, please specify

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The staff members at Kingdoms Daycare Center are primarily concerned about your child's health, welfare, and safety. The information requested is very important to ensure that your child receives the necessary care.

### **Vehicle Emergency Medical Information**

We realize that the information requested below has been provided on previous pages; however, it is important that you complete this form in its entirety.

This form is to be removed and given to paramedics in the unlikely event of a medical emergency.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### **In case of an emergency and parents cannot be reached, contact:**

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Child's Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current Prescribed Medication \_\_\_\_\_

Child's Special Needs and  
Conditions \_\_\_\_\_

In the event of an emergency involving my child, and if Kingdoms Daycare Center cannot contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as necessary. I (we) shall assume responsibility for payment for services.

I (we) agree to keep the facility informed of any incidents requiring professional medical attention involving my child.

Child's Name \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parental Agreements with Kingdoms Daycare Center**

Enrollment Information: My child is generally in attendance at the facility between the hours of \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm on the following days: (Circle all that apply)

**Monday      Tuesday      Wednesday      Thursday      Friday**

My child will normally receive the following meals while in care: (Circle all that apply)

**Breakfast      Lunch      PM Snack**

**Kingdoms Daycare Center**

agrees to provide childcare for \_\_\_\_\_ (child's name)  
Monday through Friday, 6:00 AM to 6:00 PM. My child will be allowed to participate in the following meal plans: Breakfast (served until 8:30 am), Lunch (served from 11:30 am until 12 pm), Afternoon snack (2:30 pm), Dinner (4:30 To 5 pm)

- My child will not be allowed to enter or leave the facility without being escorted by myself, the parent, a person authorized by the parent, or facility personnel.
- I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur (telephone numbers, work location, emergency contacts, child physician, child's health status, infant feeding plans, immunization records, etc.)
- The facility agrees to keep me informed of any incidents, including illnesses, any injury, adverse Reaction to medications, etc., that involve my child.
- The facility agrees to obtain written authorization from me before my child participates in Routine transportation, field trips, special activities away from the facility, and water-related activities occur in more than two (2) feet deep water.
- I acknowledge that I must follow all policies & procedures.
- I recognize that Kingdoms Daycare Center has the right to terminate my childcare contract at any time, for any reason, including but not limited to the parent regularly breaking the rules, the parent being disruptive or challenging to deal with, the child disruptive or difficult to manage
- (Kingdoms Daycare Center does not discriminate against the parent's or child's race, sex, religion, ethnic background, national origin, or disability).
- I have received a copy, read it, and agree to abide by Kingdoms Daycare Center's policies and procedures.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian)

### **Authorization to Dispense External Preparations**

**590-1-.20(1)**

**Parental Authorization:** Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; dates to be given; the time of day to be dispensed; and signature of parent.

I give employees of Kingdoms Daycare \_\_\_\_\_ permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

\_\_\_\_\_ Baby Wipes

\_\_\_\_\_ Band-aids

\_\_\_\_\_ Neosporin or similar ointment

\_\_\_\_\_ Bicine or similar first aid spray

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect Repellent

\_\_\_\_\_ Non-prescription ointment (such as A & D, Desitin, Vaseline)

\_\_\_\_\_ Baby Powder

Other (please specify) \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_