



Enrollment Packet:

Please complete entire packet.

Date Enrolled: _____ Program: _____

Child's Information:

Name: _____ Nickname: _____ Male Female

Date of Birth: ____/____/____ Home Phone: _____-_____-_____

Child's Home Address: _____
Address city state zip

Parent/Guardian #1

Name: _____

Email: _____

Emails use for newsletter and individual communications

Cell #: _____-_____-_____

Address (if different from child)

Home # (if different): _____-_____-_____

Employer Information:

Employer: _____

Address: _____

Phone: _____

Emergency Contact #1 (must be non-parent & local)

Name: _____

Relationship to child: _____

Address: _____

Phone: _____ Cell: _____

Pediatrician:

Name: _____ Phone: _____

Address: _____

How did you hear about us? _____ if from a friend (please list): _____

Parent/Guardian #2

Name: _____

Email: _____

Emails use for newsletter and individual communications

Cell #: _____-_____-_____

Address (if different from child)

Home # (if different): _____-_____-_____

Employer Information:

Employer: _____

Address: _____

Phone: _____

Emergency Contact #2 (must be non-parent & local)

Name: _____

Relationship to child: _____

Address: _____

Phone: _____ Cell: _____

Child's Name: _____ Date of Birth: _____

By signing below I agree to abide by the following policies and procedures outlined in the handbook:

Doctor completed Health Inventory and immunization records must be turned in PRIOR to the third visit. _____ (initial)

Enrollment and medical papers
Drop off and Pick Up policy
Licensing Capacity
Missing Items
Sick
Payment
Reservations

Weekly Care
Additional Programs
Meals and Snacks
Quiet time
Children with Special
needs/disabilities
Child Custody

Discipline
Fire Evacuation
Healthy Howard Program
Inclement weather
Newsletter
Play Time
Bullying/Harassment

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name printed: _____

Payment Policy

I hereby consent and understand that all payments are due at the time services are rendered in the form of cash, check, money order, or credit card. All tuition for Early Learning Program and Before and After Care Services is due on the 1st of every month. Summer Camp Weekly tuition is due the Monday that camp begins. Failure to pay will result in termination of services and account being sent to collections.

Parent/Guardian Signature: _____ Date: _____

Photo Release (optional)

I hereby consent that all photographs and or video footage of my children, taken by Kid's Time Out (KTO) staff, may be used by KTO for the purpose of illustration, publication and or advertising in any manner.

Parent/Guardian Signature: _____ Date: _____

Transportation Waiver (for camps and/or before/after care)

I, the undersigned, authorize Kid's Time Out (KTO) to transport my child on supervised field trips and/or to/from school with the transportation provided by the KTO staff. Also, I hereby waive and release any and all rights and claims for damages I may have against KTO and it representatives for any and all injuries suffered by my child in transit.

Parent/Guardian Signature: _____ Date: _____

Medical/Allergy Release

Kid's Time Out caters in food from local restaurants and prepares food on site. Parents also have the option of bringing in snacks and meals from home. Therefore, KTO CANNOT guarantee a NUT FREE facility. If your child has any known allergies, or other medical conditions, you must provide KTO with written advance notice of any and all possible allergic side effects that may be experienced by your child. You understand that KTO is NOT a nut free facility. You further agree to release and hold KTO harmless from any liability for any allergic reactions or complications experienced by your child.

Explanation of any medical/allergic conditions:

Please list any comments, concerns, special needs and/or disabilities:

I have read and understand all the above policies. The information I have provided is true and accurate to the best of my knowledge and belief.

Parent/Guardian Signature: _____ Date: _____

About My Child

(Required for Preschool Children & Children with Special Needs)

Please include information that will help us get to know your child and help your child adjust to KTO.

Thing my child does well:

What my child likes:

What my child dislikes:

Things I am working on with my child:

My child enjoys these physical activities:

My child has difficulty with these activities:

Things my child may need help with: