



## 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 1<sup>st</sup> 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: