

Enrollment Form

Office Use Only

Date of Registration Form: ___/___/___

Registration Fee Received: ___/___/___

Entrance Date: ___/___/___

Withdrawal Date: ___/___/___

Please fill out these forms completely to help promote the health and safety of your child. If the item is not applicable, then please answer N/A. The forms must be in the administration possession before or on the first day your child begin care. PLEASE ATTACH IMMUNIZATION RECORD, PHYSICAL REPORT FORM and BIRTH CERTIFICATE.

CHILD'S INFORMATION

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Gender: _____ Primary Language: _____

Child's Address: _____

Father's Name/Legal Guardian Name _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Place of Employment: _____ Work Phone: _____

Mother's Name/Legal Guardian Name _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Place of Employment: _____ Work Phone: _____

(check one)

Child's Living Arrangements: Both Parents Mother Father OtherChild's Legal Guardian(s): Both Parents Mother Father Other Copies of any custody agreements, court orders, restraining orders (if applicable)

This child may be released to the **person(s)** in the order given listed below in case of emergency, when parents/guardians cannot be reached or are authorized to pick up and drop off my child:

(1) Name of Authorized _____ Relationship _____

Home Phone (_____) _____ Cell Phone (_____) _____

(2) Name of Authorized _____ Relationship _____

Home Phone (_____) _____ Cell Phone (_____) _____

Parent Signature _____

Date _____

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I understand that I may visit Kiddie Island Academy unannounced at any time during the hours that my child is in care.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel.

Medical Information

List any Allergies: _____

List any of the following special needs, disabilities, developmental delays: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

Should activities be limited? Yes No if yes, please explain: _____

Physician Name: _____ Phone: _____

Address: _____ Hospital preferred: _____

Dentist Office: _____ Phone: _____

Insurance Provider: _____ Insurance #: _____

Card Holder Member/Name: _____

EMERGENCY MEDICAL AUTHORIZATION

Should an injury or illness occur in the care of Kiddie Island Academy and is unable to contact me/us immediately, I/we authorize and consent to medical attention and treatment for my child as may be necessary.

It is my responsibility to keep my child's records current to changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status and records, etc.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Parent Signature

Date

Parent Signature

Date