

ENROLLMENT APPLICATION

DATE OF ENROLLMENT_____

CHILD'S NAME_____ D.O.B_____

SEX M F

SCHEDULE HOURS_____

MOTHER GAURDIAN_____

ADDRESS_____

MOTHERS HOME PHONE_____

MOTHERS CELL PHONE_____

EMPLOYER ADDRESS_____

PH_____

DAYS OF WORK M T W T F HOURS_____

FATHER GAURDIAN_____ ADDRESS_____

FATHERS HOME PHONE_____ FATHERS CELL

PHONE_____ EMPLOYER PH_____

DAYS OF WORK M T W T F HOURS_____

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PERSONS AUTHORIZED BY PARENT TO PICK UP CHILD (INDICATE RELATIONSHIP)

NAME_____

RELATIONSHIP_____ ADDRESS_____ PH_____

NAME_____ RELATIONSHIP_____

ADDRESS_____ PH_____

NAME_____ RELATIONSHIP_____

ADDRESS_____ PH_____

NAME_____ REALATIONSHIP_____

ADDRESS_____ PH_____ NAME_____

RELATIONSHIP_____ ADDRESS_____ PH_____

NAME_____ RELATIONSHIP_____

ADDRESS_____ PH_____

PERSON TO CONTACT IN CASE OF AN EMERGENCY NAME_____

ADDRESS_____ PH_____

I AUTHORIZE A KIDS PLAYce TO PROVIDE 1ST AID TREATMENT TO MY CHILD IN CASE OF AN ACCIDENT. I ALSO AUTHORIZE THE SCHOOL IN MY ABSENCE TO CALL EMERGENCY 911 TO HAVE MY CHILD TRANSPORTED TO THE MOST APPROPRIATE MEDICAL FACILITY, AS WELL AS CONSENT FOR MEDICAL TREATMENT OF MY CHILD AT SAID FACILITY. A STAFF PERSON FROM THE DAYCARE WILL ACCOMPANY THE CHILD AND PARENTS WILL BE NOTIFIED IMMEDIATELY IN CASE OF AN EMERGENCY.

AS PARENT, I WILL NOTIFY THE DAYCARE OF ANY CHANGES TO MY ADDRESS, EMPLOYER, WORK SCHEDULE, WORK HOURS, AND PHONE NUMBERS. I HAVE RECEIVED A COPY OF THE PROGRAMS PARENT HANDBOOK, GUIDANCE AND DISCIPLINE POLICY.

I ACCEPT AND UNDERSTAND ALL POLICIES AND PROCEDURES. I GIVE CONSENT FOR MY CHILD TO GO ON FIELD TRIPS WITH THE DAYCARE (TRANSPORTATION VAN WILL BE PROVIDED FOR ALL FIELD TRIPS). I ALSO GIVE PERMISSION FOR MY CHILD TO GO ON NEIGHBORHOOD WALKS, TRIPS TO THE PARK, WATER PLAY, AND PLAYGROUND ACTIVITIES. I ALSO GIVE CONSENT FOR THE PROGRAM TO VIDEOTAPE, FILM, AND TAKE PICTURES OF MY CHILD FOR RECREATIONAL, PROMOTIONAL, OR SECURITY PURPOSES. I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN PRAYER BEFORE MEALS.

PARENT/GUARDIAN SIGNATURE_____ DATE_____

A KIDS PLAYce HOME DAYCARE 6058 S FAIRFIELD #2
CHICAGO IL 60629

DATE_____

CHILD'S NAME_____

DATE OF BIRTH_____

GAURDIAN'S NAME_____

GAURDIAN'S NAME_____

CHECK THE ONE THAT APPLIES TO YOUR CHILD:

_____ INFANT (AGE 6 WEEK - 2 YRS)

_____ PRE-K OR KINDERGARTEN (AGE 3 - 6YRS)

_____ SCHOOL AGE (AGE 5 -12 YRS)