



## Enrollment Registration Form

Today Date:

### Student Information

First Name:	Middle Name:	Last Name:
DOB:	SSN:	

### Primary Hours of Care

From:	To:	*Circle all that correspond		
Monday	Tuesday	Wednesday	Thursday	Friday

### Family Information

<b>Mother</b>	First Name:	Middle Initial:	Last Name:
Drive Lic. #:	Custody: Yes No		
Home Phone:	Cell Phone:		
Employer:	Work Phone:		
Email Address:			
<b>Father</b>	First Name:	Middle Initial:	Last Name:
Drive Lic. #:	Custody: Yes No		
Home Phone:	Cell Phone:		
Employer:	Work Phone:		
Email Address:			

### Child Home

Street Address:	Apt #:	City:
State:	Zip Code:	

### Medical Information

<b>Family Doctor</b>	Name:	Phone:
Please list allergies, any special medical or dietary needs or other areas of concern:		

I hereby grant permission to Kinder Club Academy to contact the medical personnel listed above or call 911 in a medical emergency.

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

Date: \_\_\_\_\_



## Enrollment Registration Form

### Emergency Contact and Release Person

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of our child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

#### Mandatory

Name:	Relationship to Child:
Home Phone:	Cell Phone:
Home Address:	Gov Issue Photo ID Type and #:
Employer:	Employer's Address:
Work phone / Extension:	Work Hours:
Emergency Contact and Release	Release Only

#### Optional 1

Name:	Relationship to Child:
Home Phone:	Cell Phone:
Home Address:	Gov Issue Photo ID Type and #:
Employer:	Employer's Address:
Work phone / Extension:	Work Hours:
Emergency Contact and Release	Release Only

#### Optional 2

Name:	Relationship to Child:
Home Phone:	Cell Phone:
Home Address:	Gov Issue Photo ID Type and #:
Employer:	Employer's Address:
Work phone / Extension:	Work Hours:
Emergency Contact and Release	Release Only

I you want a person who is not identified above to pick-up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. If you must pick up your child after closing time, you will be charged a late fee per every 15 minute or portion of 15 minute period, per child, until the children) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after certain amount of time. Please see your Director for additional information.

Name of child: \_\_\_\_\_ Date: \_\_\_\_\_

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Parent/guardian initial: \_\_\_\_\_

- > Section 7.1 and 7.2 -, requires a current physical examination (form 3040) and immunization record (form 680 or 681) within 30 days of enrollment.
  - > Section 7.3., requires that parents receive a copy of the child care facility brochure, "Know your Child Care Facility".
  - > Section 2.8, requires that parents are notified in writing of the disciplinary and expulsion policies used by the the child care facility .
  - > I have received a copy of the Kinder Club Academy Parent's handbook. This handbook includes policies Food & Nutrition of the DCF child care facility.
- I have received the above items and all information in this enrollment is complete and accurate.

I also grant permission for the staff of the facility to have access to my child's records.

Signature of parent /guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Enrollment Registration Form

### Food and Candy

I, \_\_\_\_\_

Allow my son/daughter \_\_\_\_\_

to participate on any birthday party and eat any outside food and/or candy that is given to the classroom.

Except:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date