

(Office use only)

Date Rcvd. _____ Class/Age _____ Days _____ Starting Date: _____

Reg. Fee _____ 1st Month _____ Cash or Check # _____ Enroll. Date _____

KIDS DAY OUT ENROLLMENT FORM 2019-2020

CHILD INFO

Child's Name: (First) _____ (Last) _____ (MI) _____

D.O.B: _____ Gender: M F

Street Address: _____

City: _____ Zip: _____ Home Phone: _____

Email address: _____

Mother's Name: _____ Mother's Contact #: _____

Father's Name: _____ Father's Contact #: _____

Enrollment Preference (check one please): Tues & Thurs _____ Tues only _____ Thurs only _____

EMERGENCY CONTACT (if parents cannot be reached at emergency #)

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONS WITH PERMISSION TO PICK UP CHILD (other than parents)

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL & ALLERGY INFORMATION

Medications or drugs regularly taken by child (please list): _____

Food & Other allergies (please list): _____

Eczema (please circle): Yes/No Asthma (please circle): Yes/No Others: _____

REQUIRED IMMUNIZATIONS

COPY OF CURRENT IMMUNIZATION CARD MUST BE ATTACHED

All immunizations are up-to-date:

Yes No (list reason): _____

The above information is correct as of this date: _____

Signature of Parent: _____