

Today's Date: _____

Kid's Stuff Early Learning Center

Where there is an adventure everyday!

Application for Enrollment

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes in employment or residence, when a new contract is signed, etc.

Child's Name _____ **Birthdate:** _____

Mother's Name _____ Home Phone _____
Cell # _____

Full Address _____

Father's Name _____ Home Phone _____
Cell # _____

Full Address _____

Marital Status _____

If different from above, who is the child's legal guardian?

Name _____ Home Phone _____

Address _____

Mother's Employer _____

Telephone _____ Work Hours _____

Father's Employer _____

Telephone _____ Work Hours _____

IN CASE OF EMERGENCY CALL:

1. Name _____
Telephone: Work _____ Home _____
Address: _____
Relationship to child _____

2. Name _____
Telephone: Work _____ Home _____
Address: _____
Relationship to child _____

3. Name _____
Telephone: Work _____ Home _____
Address: _____
Relationship to child _____

Other than you, who else has permission to pick up your child? **Please Note: Your child will not be allowed to leave with any person whose name is not on this list without written authorization from the parent /guardian.**

Name _____ Relationship _____
Address _____ Telephone _____

Name _____ Relationship _____
Address _____ Telephone _____

Name _____ Relationship _____
Address _____ Telephone _____

WHO MAY NOT PICK UP YOUR CHILD?

Name _____ Relationship _____
Address _____

Name _____ Relationship _____
Address _____

Name _____ Relationship _____
Address _____

EMERGENCY AND IDENTIFICATION INFORMATION

School child is currently attending: _____ Grade: _____

Teacher's Name: _____ Room #: _____

Other children in the family: _____

Child's Physician: _____

Clinic Address: _____

Clinic Telephone: _____

Significant past health history
(including common childhood diseases)

Date of last physical exam: _____

Has your child been tested for:

Hearing Yes _____ No _____

Speech Yes _____ No _____

Vision Yes _____ No _____

Other: _____

Signature of Parent or Guardian

Date

