

THE KIDS ACADEMY

Enrollment Form

Child's Name _____ Date of Birth _____ Start Date _____

Address _____ Phone Number _____

Weekly Rate _____ Days Attending M T W TH F

Mother's Name _____ Home Phone _____

Mother's Address _____ Cell Phone _____

Mother's Work _____ Work Phone _____

Mother's Work Address _____

Mother's Drivers License _____

Father's Name _____ Home Phone _____

Father's Address _____ Cell Phone _____

Father's Work _____ Work Phone _____

Father's Work Address _____

Father's Drivers License _____

Emergency Contacts: someone child may be released to and called if parent cannot be reached.

1. Name _____ Address _____

Driver's License Number _____ Relationship to Child _____

Home Phone _____ Work/Cell Phone _____

2. Name _____ Address _____

Driver's License Number _____ Relationship to Child _____

Home Phone _____ Work/Cell Phone _____

3. Name _____ Address _____

Driver's License Number _____ Relationship to Child _____

Home Phone _____ Work/Cell Phone _____

Doctor's Name _____ Phone Number _____

Hospital Preference _____ Allergies _____

Dentist's Name _____ Phone Number _____

The Kids Academy staff members have my permission to seek any medical attention necessary to ensure the safety and well-being of my child.

The provisions outlined on this form have been worked out in consultation with me and have my approval.

Signature of Parent or Guardian _____

Date _____