

COUNTRY KIDS DAY CARE ENROLLMENT FORM



**COUNTRY KIDS
DAY CARE**

Child Information

First	Last	Middle	Nickname
Date of Birth (MM/DD/YY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Type of Care Needed <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hourly	
Days (For Part-time Enrollment) <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri		Anticipated Drop Off Time	Anticipated Pick Up Time
Elementary School (if applicable)	Grade	If child is school-age, when will care be needed? <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Both	

Parent/Guardian 1 Information

Full Name		Relationship	
Home Street Address		City/State/Zip	
Cell Phone	Home Phone	Email	
Employer		Work Phone	Best Way to Contact
Employer Address		City/State/Zip (Employer)	

Parent/Guardian 2 Information

Full Name		Relationship	
Home Street Address		City/State/Zip	
Cell Phone	Home Phone	Email	
Employer		Work Phone	Best Way to Contact
Employer Address		City/State/Zip (Employer)	

Family Information

Parent's Marital Status	Child primarily resides with... <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Both
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Are there any custody issues that we need to be made aware of? If so, please explain.

Medical Information

Does your child have any dietary restrictions? If yes, please explain.

Does your child have any allergies? If yes, please list them and their severity.

Does your child have any other medical issues or special needs that we need to be made aware of in order to properly care for your child? If yes, please explain.

Persons Authorized to Pick Up Your Child

1	Name	Relationship
	Phone	Work Phone
	Address	
2	Name	Relationship
	Phone	Work Phone
	Address	
3	Name	Relationship
	Phone	Work Phone
	Address	

Emergency Contacts

1	Name	Relationship
	Phone	Work Phone
	Address	
2	Name	Relationship
	Phone	Work Phone
	Address	
3	Name	Relationship
	Phone	Work Phone
	Address	

For Center Use

Center	Date of Admission	Age at Admission
Date Registration Fee Paid	Director's Initials	