

(Office only)

Enroll. Date \_\_\_\_\_ Class/Age \_\_\_\_\_ Days \_\_\_\_\_ Starting Date: \_\_\_\_\_  
Reg. Fee \_\_\_\_\_ 1<sup>st</sup> Month \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Date Rcvd. \_\_\_\_\_

## KIDS DAY OUT ENROLLMENT FORM 2010-2011

### CHILD INFO

Child's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (MI) \_\_\_\_\_

D.O.B: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Father: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

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

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

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

### PERSONS WITH PERMISSION TO PICK UP CHILD

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

### MEDICAL & ALLERGY INFORMATION

Child's usual physician or clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications or drugs regularly taken by child: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Eczema: \_\_\_\_\_ Asthma: \_\_\_\_\_ Others: \_\_\_\_\_

### REQUIRED IMMUNIZATIONS

**\*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: \_\_\_\_\_