

**(Office use only)**

Date Rcvd. \_\_\_\_\_ Class/Age \_\_\_\_\_ Starting Date: \_\_\_\_\_

Reg. Fee \_\_\_\_\_ 1<sup>st</sup> Month \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Enroll. Date \_\_\_\_\_

**KIDS DAY OUT ENROLLMENT FORM 2024-2025**

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

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