



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Gender _____

School Attending: _____ Days care needed: _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information:

Child Lives with _____

Custody: Mother ___ Father ___ Both ___ Other ___ Name _____

Is there a Court Order? No ___ Yes ___ (Please Provide a copy with this Enrollment Packet.)

Parent's Name _____ Parent's Name _____

Address: _____ Address _____

Phone: _____ Phone: _____

Employer: _____ Employer: _____

Work #: _____ Add. #: _____ Work #: _____ Add. #: _____

Child will ONLY be released to the custodial parent, legal guardian, or the additional persons listed on the Emergency Contact List after providing I.D.

Emergency Contacts:

In the case of illness, accident, or emergency, the custodial parent will be reached first. If the parent is unreachable, we will go down the Emergency Contact List, unless instructed otherwise.

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use the attached sheet to list names, addresses, and phone numbers of additional persons authorized to pick up.

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(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ Telephone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Meals provided while in care: PM Snack (Please refer to our Food and Nutrition Policy provided in your packet.)

Special medical or dietary needs of child _____

List ALL known allergies (including Food) _____

List any concerns, behavioral or situational accommodations requested: _____

Emergency Care Plan instructions (if applicable) _____

List all identifying scars, birthmarks, skin discolorations _____

My signature below verifies the following, and that the information on this enrolment form is complete and accurate.

I hereby grant the staff of, After School Kicks, permission to:

- ✓ Access my child's records, provided.
- ✓ Consult my child's physician/health resource listed in the case of an emergency, or if parent/legal guardian cannot be reached.

I have read and received a written copy of:

- ✓ The "Know Your Child's Children's Center" Brochure.
- ✓ The School Age Disciplinary and Explosion Policies.
- ✓ The Food and Nutrition Policies.
- ✓ An annual notice of Influenza Virus Brochure, CF/PI 175-70, Influenza Virus Guide for Parents.

Signature of Custodial Parent or Legal Guardian

Date

