

ACADEMY FOR KIDS ENROLLMENT INFORMATION

Child's Name _____ Birthday ____/____/____

Child's Name _____ Birthday ____/____/____

(include first, middle and last name)

Address _____ Phone _____-

(include city and zip code)

Date of Admission: ____/____/____

Days in Care: _____ Hours in Care: _____ a.m. until _____ p.m.

Mother's Name _____ Birthday ____/____/____

Address _____ Phone _____-

S.S.# ____-____-____ D.L.# _____ Work Phone () ____-____

email address _____

Employer _____

(include full name and address including city and zip)

Address _____

Pager # () ____-____ Mobile # () ____-____

Does the child(ren) live with the mother? (circle one) Yes No

Father's Name _____ Birthday ____/____/____

Address _____ Phone _____-

S.S.# ____-____-____ D.L.# _____ Work Phone () ____-____

email address _____

Employer _____

(include full name and address including city and zip)

Address _____

Pager # () ____-____ Mobile # () ____-____

Does the child(ren) live with the father? (circle one) Yes No

Please provide the following information for any other adults who live with the child:

1. Name _____ Relation to Child _____

S.S.# ____-____-____ D.L.# _____ Work Phone () ____-____

2. Name _____ Relation to Child _____

S.S.# ____-____-____ D.L.# _____ Work Phone () ____-____

Persons authorized to pick up child(ren) / Emergency contacts if parents cannot be reached:

1. Name: _____ Relation to child: _____
D.L.# _____ Home Phone: _____-_____ Work Phone: _____-_____
2. Name: _____ Relation to child: _____
D.L.# _____ Home Phone: _____-_____ Work Phone: _____-_____
3. Name: _____ Relation to child: _____
D.L.# _____ Home Phone: _____-_____ Work Phone: _____-_____
4. Name: _____ Relation to child: _____
D.L.# _____ Home Phone: _____-_____ Work Phone: _____-_____

***Please provide a copy of the drivers license for each of these people if possible!**

Please list any special problems that your child may have, such as allergies, existing illnesses, previous illnesses, injuries during the past twelve months, any medications taken for long term use, and any other information which I should be aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical or dental attention, I authorize Shayla Drumm, or person in charge, to take my child to the nearest available hospital or health clinic.

Child's Physician _____ Phone () _____-_____
Address _____

Signature of Parent or Legal Guardian

Date

TRANSPORTATION:

I hereby give my consent for my child to be transported and supervised by Shayla Drumm, her staff or volunteers for emergency outings.

Signature of Parent or Legal Guardian

Date

WATER ACTIVITIES:

I hereby give my consent for my child to participate in water activities, wading pools, sprinklers, etc. when supervised by Shayla Drumm, her staff or volunteers.

Signature of Parent or Legal Guardian

Date

HEALTH REQUIREMENTS:

A current copy of each child's immunization records must be kept on file and updated as required. Also each child is required to have a health statement and a copy of vision and hearing screening on file.

SCHOOL AGE CHILDREN:

My child attends the following school and his/her immunization record is on file at the following school and all immunizations and tuberculosis test results are current.

Name of School ----- Phone ----- - -----

School Address -----

Signature of Parent or Legal Guardian

Date