



# CHILD DEVELOPMENT CENTER

## Child Enrollment Application

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I Heard About Kingdom Treasures by \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HomePhone \_\_\_\_\_ Are child's parents: Married \_\_\_\_ Separated \_\_\_\_ Custodial Parent \_\_\_\_\_

Person Responsible for Payment \_\_\_\_\_ Desired Start Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Drivers License# \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address of Employer \_\_\_\_\_

Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_

Father's Name \_\_\_\_\_ Drivers License# \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address of Employer \_\_\_\_\_

Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_

Name and Address of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name and Phone Number of at least two other persons to contact if parents cannot be reached

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Person who may pick up your child other than parents (include step-parents, grandparents, etc)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Please list names and ages of other children in family \_\_\_\_\_

### Special Needs:

Allergies or food restrictions? If yes, please list \_\_\_\_\_

Prescribed medications? If yes, please list \_\_\_\_\_

Mobility limitations? yes, please describe \_\_\_\_\_

Name of school previously attended \_\_\_\_\_ Family Code Word \_\_\_\_\_

What time of day may we expect your child to arrive and to depart? This is very important in planning for adequate staff to care for your child. Monday \_\_\_\_ - \_\_\_\_ Tuesday \_\_\_\_ - \_\_\_\_ Wednesday \_\_\_\_ - \_\_\_\_

Thursday \_\_\_\_ - \_\_\_\_ Friday \_\_\_\_ - \_\_\_\_ Family Cell Phone \_\_\_\_\_

In case of emergency, I give my permission for my child \_\_\_\_\_ to be taken to \_\_\_\_\_ Hospital or to a physician for treatment.

Parent's Signature \_\_\_\_\_

My child \_\_\_\_\_ has my permission to participate in field trips sponsored by Kingdom Treasures. It is understood that individual permission slips will normally be signed for each trip. Initials \_\_\_\_\_