

Kingdom Kids Childcare Enrollment Form

Completion Date _____

Child Information

1st Child

Last Name		First Name		M.I.	Nickname
Entering classroom	Gender	Birth Date	Nationality		Hospital Preference

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Dentist's Name	Phone	Address
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2nd Child

Last Name		First Name		M.I.	Nickname
Entering classroom	Gender	Birth Date	Nationality		Hospital Preference

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Dentist's Name	Phone	Address
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3rd Child

Last Name		First Name		M.I.	Nickname
Entering classroom	Gender	Birth Date	Nationality		Hospital Preference

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Dentist's Name	Phone	Address
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4 th Child					
Last Name		First Name		M.I.	Nickname
Entering classroom	Gender	Birth Date	Nationality		Hospital Preference

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name		Phone	Address	
Dentist's Name		Phone	Address	

Primary Parent/Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Occupation	Employer		Work Address		Work Hours

2nd Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Occupation	Employer		Work Address		Work Hours

Which Guardian Should be Called First?		Home Phone		Preferred language for written communication:		
Home Resident Street Address			Apt #	City		Zip Code
Mailing Address (if different than above)			Apt #	City		Zip Code

Emergency Contacts and Authorized Pickups

1st Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone		<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____	

2nd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	[] Able to pick up all children in the family [] Not able to pick up the following children: _____

Names of People NOT authorized to pick up the child(ren) (Legal documentation required for some cases)

Name of Individual(s) _____
Relationship to child(ren)

Yes/No	<p>I give permission for my child(ren) to be photographed and/or interviewed for such media resources and to be distributed and/or broadcast to the general public. In addition I grant permission for photographs of my child to be used in any brochures and information publication describing Collins Aerospace, which is distributed to the public.</p> <p>If No, are pictures for classroom and in-center use Ok? Yes No</p>
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Yes/No	<p>I give permission for the child care center to use sunscreen on my child as needed. I give permission for teachers to apply lotions, lip balm and/or insect repellent as and when needed. I understand that I am responsible for supplying the items and they must be in the original container.</p>
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Yes/No	<p>I give permission for my child to be transported in the event of a mandatory evacuation from the center. I understand that I will be notified before each travel activity, with the exception of walks outside to the playground. I give permission for my Preschool, PreK, or School Age child to leave the Collins Aerospace Day Academy on school district buses for field trips. All Preschool and PreK children will be secured in a safety harness.</p>
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In the event that my child (listed above) may require medical or dental care while I am unavailable, I hereby give my consent to medical and dental treatment by the doctor and/or dentist listed above or their designee. I agree to pay all the costs and fees contingent on any emergency care or treatment for my child as secured or authorized under this consent.

Every effort will be made to notify parents/guardians immediately in case of emergency. This form will be presented upon admission for treatment.

Signature

Parent / Guardian

Date

Parent/Guardian

Date