

# A Place for Kids

## Enrollment Information Form

Director: Kim Webster

Today's Date: _____	Date of Admission: _____
Child's Name: _____	_____
Last                    First                    Middle                    Name Used	
Home Address: _____	_____
Street Address                    City/State                    Zip Code	
Child's Date of Birth: ___/___/___	Sex: (circle one) Male / Female

Mother's Information: Name: _____
Cell Phone : (____) _____ -- _____ Work Phone: (____) _____ -- _____
Employer: _____ Occupation: _____
Father's Information: Name: _____
Cell Phone: (____) _____ -- _____ Work Phone: (____) _____ -- _____
Employer: _____ Occupation: _____

**(Emergency contacts):** *Persons to whom the child may be released to other than the parents.*  
Please fill out at least 2 alternate people that do not live in the same household as the parents.

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Phone: _____	City: _____ Phone: _____
Work Phone: _____	Work Phone: _____
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Phone: _____	City : _____ Phone: _____
Work Phone: _____	Work Phone: _____
Parent Signature: X _____	Date: _____

I hereby give permission for transportation for emergency care: YES ___ NO ___ and field trips. YES ___ NO ___
I hereby give permission for water activities: splash/sprinkler day: YES ___ NO ___ swimming pool YES ___ NO ___
Parent's Name: X _____ Date: _____

I acknowledge a written receipt of "A Parent's Guide to Day Care", Center policies posted @ [apkchristianlearningcenter.com](http://apkchristianlearningcenter.com)

I acknowledge receipt of discipline and guidance requirements and I agree to enroll my child

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature- Parent or Legal Guardian



