



CHILD'S NAME: _____
(Last) (First) (Middle)

(Nickname) (Sex) (Age) (Birthdate)

HOME ADDRESS: _____
(Street) (City) (Zip)

CHILD LIVES WITH: _____

LEGAL CUSTODY: _____ Both Parents _____ Mother* _____ Father* _____ Other*
*Copy of custody paper must be on file at KidLife

PARENTS/GUARDIANS

FATHER'S FULL NAME: _____

SOC. SEC. NO.: _____ Drivers License # _____

MOTHER'S FULL NAME: _____

SOC. SEC. NO.: _____ Drivers License # _____

CONTACT NUMBERS & EMAIL INFORMATION

Father Home: _____ Mother Home: _____
Father Work: _____ Mother Work: _____
Father Cell: _____ Mother Cell: _____
Father Email: _____ Mother Email: _____

PARENT'S EMPLOYERS

FATHER'S EMPLOYER: _____

MOTHER'S EMPLOYER: _____

ALTERNATIVE CAREGIVERS

List two (2) neighbors or relatives who will assume care of your child in your absence:

(Name) (Address) (Phone No.)

(Name) (Address) (Phone No.)

LOCAL PHYSICIAN: _____
(Name) (Phone No.)

In case of accident or serious illness, I request the daycare to contact me; if the daycare is unable to reach me, I hereby authorize the daycare to call the physician indicated above and follow his instructions. If impossible to contact physician, daycare may make necessary arrangements.

(Date)

(Signature of Parent/Guardian)

HOW DID YOU HEAR ABOUT US? _____

FOR OFFICE USE ONLY:

Registration Fee: _____ Curriculum Fee: _____ Weekly Fee: _____

Starting Date: _____ Mat: _____ T-Shirt: _____ SR : _____