



Enrollment Form

Student Lives With: Both Parents Mother Only Father Only

Joint Custody Other

Student's Name:

Last Name: _____ First Name: _____ Date of Birth: _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Grade/Track: _____ Teacher: _____
First Day of Attendance: _____ School: _____

Parent/Guardian

Last Name: _____ First Name: _____ Relationship: _____
Home Address: _____ Phone: _____
Business Address: _____ Phone: _____
E-Mail Address: _____ Cell Phone/Pager: _____

Last Name: _____ First Name: _____ Relationship: _____
Home Address: _____ Phone: _____
Business Address: _____ Phone: _____
E-Mail Address: _____ Cell Phone/Pager: _____

Last Name: _____ First Name: _____ Relationship: _____
Home Address: _____ Phone: _____
Business Address: _____ Phone: _____
E-Mail Address: _____ Cell Phone/Pager: _____

Persons Authorized To Pick Up Child

Name: _____ Relationship: _____ Phone: Work/Cell _____ Home _____
Name: _____ Relationship: _____ Phone: Work/Cell _____ Home _____
Name: _____ Relationship: _____ Phone: Work/Cell _____ Home _____
Name: _____ Relationship: _____ Phone: Work/Cell _____ Home _____

Medical Information

Doctor: _____ Address: _____ Phone: _____
Dentist: _____ Address: _____ Phone: _____
Primary Health Insurance Company: _____ Policy #: _____
Hospital of Choice: _____ Address: _____ Phone: _____

Does your child have all the state required immunizations? _____ If yes, please provide a copy of the record before enrollment
Does the program need to be aware of any physical, medical, vision, and/ or hearing needs? If yes please explain. _____

Please list any allergies: _____
Please list any medications: _____

IMPORTANT: IF YOU'RE CHILD REQUIRES MEDICATION OR HAS SEVERE ALLERGIES PLEASE READ THE MEDICATION AUTHORIZATION INFORMATION ATTACHED.

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Parent Permission

Parents/guardians please read the following information and initial where indicated. A signature is required at the bottom of the page to complete this form:

1. Emergency Procedure: In case of emergency, I authorize the program staff to directly contact the persons named on the emergency contact form. I authorize the following physician: _____ at (phone) _____ to provide necessary medical treatment in case of emergency. If the parent/guardian, or authorized person cannot be contacted, the program's employees are authorized to take necessary action for the health and welfare of my child.

Initials _____

2. Parent Handbook: I understand and agree that when I register my child(ren) in Kids' Adventures, Inc. programs that I must abide by the policies and procedures stated in the Parent Handbook. I have received and read the program's Parent Handbook and agree to be responsible for, comply with and abide by the procedures as stated herein. I understand that the policies and procedures are subject to change and that I will be notified of any changes. I further understand and agree that, upon repeat notice for failure to comply with the policies and procedures, I will be required to find alternative child care services and my child(ren) will be withdrawn from the program.

Initials _____

3. Sign In/Sign Out Procedure and Responsibility: I agree to abide by the Sign In/Sign out procedures as stated in the Parent Handbook. I understand the program is not responsible for my child before arriving to the program, before he/she is correctly signed in. I also understand that the program is not responsible for my child en route to his or her home or authorized destination after he/she is correctly signed out.

Initials _____

4. Student Records Updates: I agree to keep my child's records up to date, including but not limited to, current home and work phone numbers and current phone numbers of those authorized to pick up my child.

Initials _____

5. Television and G-Movie Permission: Television and G-rated movies will only be viewed by children with parental permission.

Television programs Initials _____

G-Rated Movies Initials _____

PG-Rated Movies Initials _____

6. Photo and Video Consent: Kids' Adventures, Inc. may occasionally photograph or video your child during program activities. Photographs or videos will be for public view and may be displayed in program areas or used for company promotion or advertising. I understand that my child may be participating in activities that could produce photos or videos of my child without any financial compensation, and I understand that this releases Kids' Adventures, Inc. from any futures claims as well as any liability arising from the use of said photograph or video.

____ Yes, I give permission for my child to be photographed or video taped.

Initials _____

____ No, I do not want my child to be photographed or video taped.

Initials _____

7. Transportation of Children: I give permission for my child to participate in field trips where he/she may be transported in approved vehicles away from the program location. I understand that I will be informed in advance of all program field trips and also sign specific permission for each field trip.

Initials _____

8. Activities: I do not wish my child to participate in the following activities. If any, please list and initial. If none, please initial.

Initials _____

9. Sunscreen Consent: Kids Adventures, Inc. on occasion may find it necessary to assist or apply sunscreen to your child. Each child must supply his or her own sunscreen with a minimum SPF of 35 and labeled in the original container. The program may also supply sunscreen for your child, if necessary. The program will always use sunscreen with an SPF of 35 or greater. I understand if my child does not have sunscreen applied, any exposure to the sun will be limited or may be denied.

____ Yes, I give permission for Kids Adventures, Inc. to supply sunscreen to my child.

Allergies and/or Application instructions: _____

____ No, I do not want Kids' Adventures to apply sunscreen to my child.

Initials _____

Parent Signature: _____ **Date** _____