



Enrollment Application

All information must be complete before we can enroll your child

Child's Information

Name		Date of Birth	
Address			
City		State	Zip
Gender:	Male	Female	Phone:

Parent/Guardian's Information

Name			
Address			
City:		State	Zip
Cell	Home	Work/School	
Work/School Name			
Work/School Address			
City:	State:	Zip	

Parent/Guardian's Information

Name			
Address			
City		State	Zip
Cell	Home	Work/School	
Work/School Name			
Work/School Address			
City:	State:	Zip	

Enrollment

Days Care Needed:	Monday	Tuesday	Wednesday	Thursday	Friday
Part Time:			Full Time:		
Hours Care Needed	From		To		
Tuition Type	Self Pay		CYFD Assistance		
Enrollment Date:			Withdrawal Date		
Parent Signature			Date		

Emergency Contacts - Must Be Two Local People Other Than Parent/Guardians

Name		Name	
Address		Address	
Cell		Cell	
Home		Home	
Work		Work	

Child's Physician and Dentist To Contact In The Case of An Emergency

Physician's Name	Number
Dentist's Name	Number

Permission for Emergency Transport and Treat

In the event of an emergency, I parent/guardian) _____ give permission for Kids World and/or emergency personnel to transport my child for emergency medical care, which I also authorize the treatment for. I understand that Kids World will attempt to contact me in an emergency situation. I also understand that emergency transportation may be arranged prior to contacting me.

_____ Signature

_____ Date

Child's History

Allergies	Yes	No
If Yes, Please Explain		
Dietary Restrictions	Yes	No
If Yes, Please Explain		
Medical Condition	Yes	No
If Yes, Please Explain		
Birthmarks	Yes	No
If Yes, Please Explain		

Additional Information/Comments

Any additional information such as child's communication, potty training, comforting, etc.

Authorization for Pick-Up

I authorize the following people to pick my child up

Name	Relationship to Child
Name	Relationship to Child
Name	Relationship to Child
Name	Relationship to Child
Name	Relationship to Child

Signature

Date

Exclusion Policy

Control of communicable disease should be all parties' primary concern. Policies and guidelines related to outbreaks of communicable disease and illness at Kids World have been developed with the help of the local health department, the Children, Youth & Families Department (CYFD) and local pediatricians in order to protect the group as a whole, as well as the health of your own child. Kids World asks that parents assist us by keeping sick children at home. If they have or have experienced any of the following symptoms in the past 24 hours they need to be kept at home and away from the center.

- * A fever of 100* orally or 99* under the arm.
- * Signs of a newly developed cough or severe cough.
- * Diarrhea, vomiting, or upset stomach.
- * Any discharge or drainage from eyes, nose, ears, or open sores.

CYFD Regulations require that a child cannot return to the center until they are fever free for 24 hours without use of Tylenol, Motrin, or any other medication.

I understand the Exclusion policy and understand that if my child is ill at the center, I must pick the child up within an hour of being notified that my child is ill.

Signature

Date

Disenrollment Policy

I understand that I must Give Kids World a two week written notice (non-verbal) signed by a guardian before withdrawing my child from the center, otherwise I will still be assed charges until the time proper notification is given.

Signature

Date