

Date Received:	
Check Name:	
Check Number:	
Infant:	Lollipops:
Gumdrops:	Peppermints:

KidzTown Academy Daycare Registration

Child's Personal Information

Child's Full Legal Name:			
Nickname			
Date of Birth:	Gender:		
	Work Phone:		
Mother's Cell Phone:	Cell Provider		
Home Address:			
	State and Zip Code:		
	E-Mail:		
Name of Father or Guardian:			
Place of Employment:	Work Phone:		
Father's Cell Phone:	Cell Provider		
Home Address:			
City:	State and Zip Code:		
	E-Mail:		
Parents' Marital Status: Married	Single Separated Divorced Other		
Custody/Visitation Arrangements:			

Emergency Informat	ion:		
Person(s) authorized to	be notified in an	emergency:	
Name			Relationship
Name			
Name			
Person(s) authorized			
No one will be allowed t	o pick-up your ch	ild unless they a	re listed on this form.
Name	Phone	F	Relationship
Name	Phone	F	Relationship
Name	Phone	F	Relationship
Name			
Name	Phone	F	Relationship
Name	Phone	F	Relationship
Name	Phone	F	Relationship
Name	Phone	F	Relationship
Name and Phone Nu	mber of Child's	s Doctor	
Physician's Name:			
Dentist's Name:			
Hospital Preference:			
	ic preschool for c	hildren who are	3-5 years old by August 1st. Is your n Academy? (Circle One.)
	YES	1	NO
• •	•		file. You may obtain a form from additional \$50.00 Curriculum
physician cannot be read by certified emergency p physicians and other em	r, accident, illness ched, I authorize personnel such as nergency room pe	emergency med	ency, and if the above stated (child's name) to be treated ical technicians, emergency room nurses and laboratory technicians. I ated to any medical treatment.
Parent or Guardian Sign	 nature	Phone	Date Signed
Parent Printed Name			

Photo Release : I give my permission for my child's picture to be taken while at KidzTown Academy, and I understand that these photos may be used in publications, KidzTown Academy website, or the KidzTown Academy Facebook page (Please initial.)			
Child's Developmental Information:			
Please explain any problems that your child has with his/her vision or hearing:			
Please explain any health problems or medical conditions your child has that we should be aware of:			
Does your child have any allergies? (Including food)			
Please explain any medication your child is taking:			
Please list any language, other than English, used at home. List siblings and ages:			
Has your child had any group play experience?			
Please list any previous pre-school or child care experience.			
Do you have any concerns about any aspect of your child's development?			
I was referred to KidzTown Academy by*			

Fees:

The curriculum fee of \$50.00 is a non-refundable fee payable at the time of the child's acceptance into the program. The curriculum fee reserves your child's spot in the program and will be used to purchase curriculum and supplies for our classroom to enhance the learning environment. All classrooms have a limit to the amount of children per teacher. If a classroom is full you will be placed on a waiting list according to the date your registration fee was received.

Please complete all of the enrollment paperwork and submit it to the KidzTown Academy Director. Classes will be determined based on the order in which the registration paperwork is received.

	ation Checklist Registration Form
	\$50 Registration Fee
	Immunization Record (Due by the child's first day of daycare.)
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