



Kids Cove Preschool
ENROLLMENT INFORMATION

Child's Name _____ DOB: _____ Date of Admission: _____

Child's Address _____ Zip _____ Ph# _____

Parent's or Guardian's Name _____ Hrs/days in care _____
(Please include mom and dad's name if it applies)

Address (if different) _____

Phone #'s while child is in care:
Mother _____ Father _____ Guardian _____

Parent(s) e-mail: _____

Person to contact (if can't reach parent) Address (**must have address**) & Phone # _____

I hereby authorize the day care facility to allow my child to leave the day care facility **ONLY** with the following persons (**include day phone numbers**)

Name _____ / _____ / _____

Number _____ / _____ / _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness or injuries or hospitalizations during the past 12 months, any medication prescribed for continuous long-term use, and any other information which staff should be aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Physician: _____ **Address** _____ **Ph#** _____

Name of Hospital _____ **Address** _____ **Ph#** _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

_____ (Parent/Guardian Signature) _____ (Date)



I understand that the center periodically takes pictures throughout the center.

Please check the correct box

- I give my permission for the center to use pictures with my child in them on the center website. Yes or No
- I give the center permission to use pictures with my child in them on Kids Cove Preschool Facebook page. Yes or No
- I give the center permission to use pictures with my child in them on any future print or media ads. Yes or No

By signing this form, I am saying that all information on this form is true and correct and I know that it is my responsibility to keep the center updated if any of this information should ever change.

Parent Signature

Date

For Re-Enrollment each year:

Parent Signature

Date

Parent Signature

Date

Parent Signature

Date

Parent Signature

Date

For Office Use:

Registration fee \$75. Paid \$_____ Check #_____ Date:_____ Received By:_____

0-12mo = \$800 a month (1/2 + Registration = \$475) 1-5yo = \$700 a month (1/2 + Registration = \$425)

Summer Camp = \$30 a day (June - \$450, July – \$690, Aug. - \$540, or 3 equal monthly payments of \$560)

Age on January 1st, 2018 _____

Class (Circle one): 0-12mo 12-29mo 2.5-3.5yrs 3.5-5yrs 5-11yrs Days: M T W TH F

- File Folder
- Food Allergy Poster
- Enrollment Roster
- Add/Drop Slip
- Remove from Waitlist

- Immunization Form
- Current Immunizations
- Hearing/Vision (4 yr olds only)
- Health Care Professional Stmt.
- Signed Policies and Procedures