

KIDS CHOICE AFTER SCHOOL CARE, INC
ENROLLMENT APPLICATION

Date_____

Grade Entering_____

Child's Information:

Child's Full Name_____

Date of Birth_____

Home Address_____

Gender_____

Physician's Name_____

Physician Phone # _____

Parent Information:

Parent/Guardian (Mother)

Parent/Guardian (Father)

Name_____

Name_____

Employed By_____

Employed By_____

Cell Phone # _____

Cell Phone # _____

Secondary Phone # _____

Secondary Phone # _____

Email Address_____

Email Address_____

Child's Schedule (see below for Kindergarten half day option):

Check Appropriate Schedule

☐ 5 days/week

☐ 4 days/week

☐ 3 days/week

☐ 2 days/week

Circle Appropriate Days

M T W TH F

M T W TH F

M T W TH F

M T W TH F

Half Day Kindergartner Schedule (available only until the Kindergartners go to a full day school schedule)

Check Appropriate Schedule

☐ 5 days/week

☐ 3 days/week

Circle Appropriate Days

M T W TH F

M T W TH F

List Any Allergies and Symptoms:

Additional Authorized Persons Who Can Be Called in an Emergency:

Name

Phone Number (cell)

Relationship

Additional Authorized Persons to Take Child from the Facility:

Name

Relationship

Signature of Parent/Guardian:

Signature_____

Date_____