

# Kid's Day Out

## ENROLLMENT INFORMATION

Day Enrolled  
\_\_\_\_ Tuesday  
\_\_\_\_ Wednesday  
\_\_\_\_ Thursday



\_\_\_\_ 2 years old by September 1  
\_\_\_\_ 3 or 4 years old by September 1

Child's Name: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Name used at home: \_\_\_\_\_ Birthday \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Names and ages of brothers and sisters: \_\_\_\_\_

First person to call in case of emergency: (other than parent)

\_\_\_\_\_ Phone: \_\_\_\_\_

Second person to call in case of emergency: (other than parent)

\_\_\_\_\_ Phone: \_\_\_\_\_

Names of pets: \_\_\_\_\_

Terms used for going to the bathroom: \_\_\_\_\_

Favorite "thing" with which to nap: \_\_\_\_\_

Please list any **medical problems, allergies**, or other special comments about your child which will be helpful to us in providing good care: \_\_\_\_\_

Please list any previous group experiences your child has had, the length of time they are there each day, and where: \_\_\_\_\_