

Kid's Day Out Enrollment Information



Half Day _____
9:30 a.m.-12:30 p.m.
Full Day _____
9:30 a.m.-2:30 p.m.

Days Enrolled:
____ Tuesday
____ Wednesday
____ Thursday

Child's Name _____
(first) (middle) (last)

Name used at home _____ boy _____ girl _____ D.O.B. _____

Address _____ City _____ Zip _____

Home Phone _____

Father's Information:

Name _____ Cell _____

Father's Work # _____ - _____

Place of Employment & Occupation _____

Mother's Information:

Name _____ Cell _____

Mother's Work # _____ - _____

Place of Employment & Occupation _____

Names & ages of brother and sisters _____

First person to call in case of emergency (other than parent & must live locally)

_____ Phone _____

Second person to call in case of emergency (other than parent & must live locally)

_____ Phone _____

Favorite thing for comfort _____

Names of Pets _____ **Term for Bathroom Use** _____

Please list any medical problems, allergies or other information which would be helpful to us in providing good care: _____

List any previous group experiences your child has had, length of time and where
