



Office Use Only

Immunizations: _____

Enrollment Fee: _____

Start Date: _____

Class: _____

Parent or Guardian Responsible for Family Account:

Last Name: _____ First Name: _____

Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail address: _____

Employer: _____

Other Parent or Guardian:

Last Name: _____ First Name: _____

Relationship to Child: _____

Address (if different than above): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail address: _____

Employer: _____

Children's Information

First Child:

Last Name: _____ First Name: _____ Male: _____ Female: _____

Preferred Name: _____ Birthday (MM/DD/YY): _____

Important information concerning this child:

Parent/Guardian with whom child resides: _____

Second Child:

Last Name: _____ First Name: _____ Male: _____ Female: _____

Preferred Name: _____ Birthday (MM/DD/YY): _____

Important information concerning this child:

Parent/Guardian with whom child resides: _____

Third Child:

Last Name: _____ First Name: _____ Male: _____ Female: _____

Preferred Name: _____ Birthday (MM/DD/YY): _____

Important information concerning this child:

Parent/Guardian with whom child resides: _____

Release of Children

If you desire that someone other than the individuals listed below is to pick up your child, you must notify the Center in advance. For security purposes, you are required to have a "code" word on file by which you can be identified over the phone. Please inform the individual picking up your child that they must report to office first and must present a photo ID.

Code word: _____

Please provide the name/names of those individuals who should be contacted in any emergency if the KidCo staff is unable to locate a parent or guardian. Also, please indicate if those individuals are authorized by you, the parent/guardian, to pick up the child/children from the Center.

Name and Address	Relationship to Child	Home and Work Phone Numbers	Other Means of Contacting-Mobile phone, Pager, etc.	Is this person authorized to pick the child/children up from KidCo?
				Yes No
				Yes No
				Yes No

Special/further instructions regarding the release of your child/children from KidCo

Parental Consent

_____ I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Center.

_____ I understand that periodically KidCo may cooperate with various Universities by accepting authorized Practicum and Student Teachers who will work in the KidCo classrooms.

_____ KidCo periodically photographs the children in the centers for display in the classrooms/halls. The photos are also used on our web site (www.kidcoearlyed.com) as well as in brochures and other advertising media. Please indicate your preference as a parent/guardian regarding the use of your child/children's photographs.

I do / do not give permission for my child/children's photographs to be used by KidCo for display/ advertising purposes.

Parent Handbook

_____ I have received and read a copy of the KidCo Handbook and agree to honor all regulations and requirements

Emergency Contact Information

Child/Children's Doctor: _____ Office Number: _____

Address: _____

Child/Children's Dentist: _____ Office Number: _____

Address: _____

Administrative Requirements

_____ I understand the Child Care Providers in Arkansas are state mandated reporters of child abuse. I understand that KidCo staff are obligated to report any signs of child abuse.

_____ I understand that upon enrollment at KidCo, my child may be subject to interviews by licensing staff, child maltreatment investigators, and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. I understand that my child may be interviewed without my knowledge or consent.

_____ I have been provided with a copy of the list of Kindergarten Readiness Skills, prepared by the Arkansas Department of Education.

_____ I have been informed of the financial policies of KidCo as contained within the Parent Handbook and agree to adhere to all of the policies.

I have read and understand this application. I certify that the facts contained in this application are true and complete to the best of my knowledge.

Signature of Parent/Guardian: _____

Date: _____