



# The Kids' World Center

## ENROLLMENT FORM

Child's Name \_\_\_\_\_ Preferred Child's Name \_\_\_\_\_

S.S. # \_\_\_\_\_ Age \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ email \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ email \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Start Date \_\_\_\_\_

List Special Instructions about child: (Allergies, Discipline, Dislikes, Special Interests, etc..)

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Only the persons below have permission to check-out, and leave with my child. I do understand that my child will not be allowed to leave with any other person, and that no exceptions will be made, unless proper authorization is provided to The Kids World Center

**PEOPLE WHO MAY PICK UP MY CHILD ARE:**

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**\*\*\*\* IN AN EMERGENCY, notify any of those named above AND / OR**

**PHYSICIAN** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**HOSPITAL OF CHOICE** \_\_\_\_\_ **Phone** \_\_\_\_\_

**\* In case of injury or sudden illness, I request The Kids World Center to contact me. If they cannot reach me, I hereby authorize them to call the Physician(s) listed above, and to follow his / her instructions. If they are unable to contact these Physicians, they may see appropriate medical attention.**

**\* Permission to administer legal Medicines and / or Prescribed Drugs is hereby granted to The Kids World Center Director.**

**\* Permission for Director and Approved Personnel to videotape and photograph group events and candid photographs is hereby granted.**

**\* I / We accept the Policies and Regulations of The Kids World Center, and the Financial Responsibility for the Placement of and the Fees for My /Our child(ren) and the Fees at The Kids World Center, and hereby acknowledge that I / We have read, understand and agree.**

**Parents or Guardian's Name (print)** \_\_\_\_\_

**Parents or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_