



**King's Kids  
Learning Center  
Enrollment Form**

Date: \_\_\_\_\_

Child's Name		Date of Birth		First Day at Center	
Home Address			City		
State		Zip Code		Home Telephone Number	
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City		State		Zip	
Email Address			Cell Phone		
Parent's Work/School Name			Parent's Work/School Phone Number		
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian of a child attending the center request contact information for other parent/guardians. Yes_____ or No_____					
If you answered yes, please indicate which number(s) above to include Work#                      Cell#                      Home#                      Email					
Where can you be reached while your child is in this program?					
Parent/Guardian Name					
Relationship to Child Home Telephone Number					
Home Address			City		State
Email Address			Cell Phone		
Parent's Work/School Name			Parent's Work/School Phone Number		
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian of a child attending the center request contact information for other parent/guardians. Yes_____ or No_____					
If you answered, please indicate which number(s) above to include on the list Work#                      Cell #                      Home#                      Email					
Where can you be reached while your child is in this program?					



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Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person must be within one hour of the center and able to take responsibility for the child in case the parent/guardian cannot be contacted and should be least 16 years of age

Name	Street Address	Name	Street Address
City	State	City	State
Telephone Number		Relationship to Child	
Other numbers where emergency contact can be reached			
Name of Physician or Clinic/Hospital			
Street Address			
City	State	Telephone Number	



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Date \_\_\_\_\_

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

***Allergies, Special Health or Medical Conditions, and Food Supplements***

Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication. The JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be Completed and be kept on file at the center.

Does your child have any food, medication or environmental allergies? (check all that apply)

\_\_\_NO

\_\_\_YES - Check all that apply \_\_\_Food \_\_\_Medication \_\_\_Environmental

Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to you child? (check one)

\_\_\_NO

\_\_\_YES - a JFS 01236 "medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (check one)

\_\_\_NO

\_\_\_YES - Please explain:

If yes, does this medication, food supplement, or medical food need t be administered at the child care center?

\_\_\_NO

\_\_\_YES - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.

\_\_\_N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one)

\_\_\_NO

\_\_\_YES - please explain

Does this dietary restrictions require a modified diet that eliminates all types of fluid milk or an entire food group?

\_\_\_NO

\_\_\_YES - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."

\_\_\_NA - child does not attend a full program



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Date\_\_\_\_\_

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concern that would be needed to assist the staff or medical personnel in an emergency situation.
List any additional information about your child that would be useful for staff to know, such as fears, eating, or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement		
Is your child toilet trained _____ ____ Yes (If yes, skip to Emergency Transportation Authorization section) ____ No (if no, fill out the following)		
The program's policy is to check diapers every 2 hours. Please indicate if you want your child's diaper checked according to the center or another:  ____ I agree with the programs schedule ____ I do not agree, please check my child's diaper every _____ hours.		
Emergency Transportation Authorization		
Give Permission to Transport		Do Not Give Permission to Transport
Center or Type A Home Name King's Kids Day Care Learning Center		Center or Type A Home Name King's Kids Day Care Learning Center
Has permission to secure emergency transportation for my child in the event of an illness or injury that requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported	OR Do not sign both	Does not have permission to secure emergency transportation for my child in the event of an illness or injury, which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature _____ Date _____		Parent's Signature _____ Date _____

Acknowledge of Policies and Procedures			
I have reviewed and received a copy of the center's policies and procedures/handbook. Yes _____ No _____ (Check One)			
This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. After the child is attending the program the administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form in the section below to indicate when the form was last reviewed.			
Parent/Guardian Signature(s) _____		Date _____	
Administrator/Designee Signature _____		Date _____	
The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same of changes have been noted. If significant changes are needed, please complete a new form.			
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

