



FOR OFFICIAL USE ONLY
START DATE: _____
TERMINATION DATE: _____

AFTER SCHOOL ENROLLMENT APPLICATION

CHILD'S NAME: _____
(Last name) (First Name) (Initial)

NICKNAME: _____ GENDER: Male Female

CHILD'S AGE: _____ CHILD'S BIRTHDAY: _____ Day _____ Month _____ Year

NATIONALITY: _____ PRIMARY LANGUAGE: _____

HOME ADDRESS: _____ DISTRICT: _____

PRIMARY SCHOOL INFORMATION: _____

ENROLLMENT INFO:

AFTER SCHOOL CARE TIME: 2:30 p.m. - 5:30 p.m. Monday – Friday

PARENT/GUARDIAN DETAILS

MOTHER'S NAME: _____
(Last name) (First Name)

HOME #: _____ CELL #: _____ WORK #: _____

HOME ADDRESS: _____ DISTRICT: _____

MAILING ADDRESS: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE #: _____ EMPLOYER: _____

FATHER'S NAME: _____
(Last name) (First Name)

HOME #: _____ CELL #: _____ WORK #: _____

HOME ADDRESS: _____ DISTRICT: _____

MAILING ADDRESS: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE #: _____ EMPLOYER: _____



CHILD'S PRIMARY RESIDENCE: Both Mother Father Guardian

May the non-custodial parent pick up the child? Yes No

The safety of the children in our Center is paramount therefore, Kiddie Cove must be provided with court issued papers that clearly outline custody arrangements. Any person granted custody in such papers may pick up child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

Only persons listed below will be allowed to collect the child:

NAME	RELATIONSHIP	CONTACT NUMBER

ALTERNATE EMERGENCY CONTACT

NAME: _____
(Last name) (First Name)

HOME #: _____ CELL #: _____ WORK #: _____

HOME ADDRESS: _____ DISTRICT: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE #: _____ EMPLOYER: _____

YOUR CHILD'S HEALTH

PHYSICIAN'S NAME _____ PHYSICIAN'S #: _____

HEALTH INSURANCE PROVIDER: _____ POLICY #: _____

Does your child have any allergies? Yes No

State below what your child is allergic to (Medication(s), food(s), other)



Signs or symptoms of a reaction: _____

Please indicate if your child has any of the below (please tick all that apply)

- Autism Behavior Disorders Hearing Impairment Vision Impairment Asthma
- Physical Disability Speech Impairment/Language Disorder Seizures Diabetes
- Intellectual Disability Other: _____

ABOUT YOUR CHILD

Is your child potty trained: Yes No

What does your child say when he/she wishes to use the toilet? _____

Does your child have any security objects i.e. blanket, soother, bottle, toy etc.? Yes No

ENROLLMENT & FINANCIAL

By signing below, I the undersigned confirm and agree the following:

- INITIAL : _____ • I agree that I am enrolling my child for after school 5 per week at a cost of \$175.00 per month.
- INITIAL : _____ • I agree that the information provided to Kiddie Cove Early Learning Center in this application is accurate.
- INITIAL : _____ • I agree to meet my financial obligations on time in the amount due, for the time my child is enrolled.
- INITIAL : _____ • I have read and understand the Center’s policies and procedures contained in the Parent Handbook and agree to follow them in its entirety.

I GIVE PERMISSION FOR MY CHILD TO:

- **Receive Emergency Medical Services** Yes No
- **Receive Emergency Hospital Services** Yes No
- **Receive Emergency Ambulance Services** Yes No
- **Receive Emergency First Aid my Center Staff if required** Yes No
- **Use all play equipment and participate in all activities at the Pre-School** Yes No
- **Be photographed or Videoed for documentation, Newsletters, or school updates.** Yes
 No



*** No photos or videos will be used for Advertising materials, or shared without written consent on a specific permission request.**

SUBMITTED WITH APPLICATION:

Copy of Birth Certificate Copy of Immunization Record Small Photo of Child

SIGNATURE OF PARENT/GUARDIAN

DATE