



FOR OFFICIAL USE ONLY

START DATE:

TERMINATION DATE:

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: _____

ENROLLMENT INFO:

- ☐ FULL TIME: 7:30 a.m. - 5:30 p.m. Monday – Friday
☐ PART TIME (morning): 7:30 a.m. - 12:30 p.m. Monday – Friday
☐ PART TIME (afternoon): 12:30 p.m. - 5:30 p.m. Monday – Friday
☐ 3 FULL DAYS 7:30 a.m. - 5:30 p.m. ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri
☐ DROP IN

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 **(Must be at least 18 Years of Age)**:

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 _____ days per week at a cost of \$_____ 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