



Kiddies World 2 Registration Form

CHILD'S INFORMATION:

Last Name: _____ First Name: _____ Gender: M/F

Date of Birth: _____ Age: _____ Enrollment Date: _____ Start Date: _____ End Date: _____

School Child Attends: _____ Grade: _____ Days Attending (please circle) M T W TH F

Allergies or other important information: _____

Can your child participate in physical activities? (please circle) Yes or No. If No, please explain:

Does your child have any special needs and/or disabilities? _____

Dr Name _____ Phone _____

PARENT/GUARDIAN 1 INFORMATION:

RELATIONSHIP TO CHILD: _____

Last Name: _____ First Name: _____ Gender: M/F

Home Address: _____ City, State: _____ Zip Code: _____

Social Security Number ____ - ____ - ____

Employer: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Work Phone: _____

City, State Zip Code: _____ Email address: _____

PARENT/GUARDIAN 2 INFORMATION:

RELATIONSHIP TO CHILD: _____

Last Name: _____ First Name: _____ Gender: M/F

Home Address: _____ City, State: _____ Zip Code: _____

Social Security Number ____ - ____ - ____

Employer: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Work Phone: _____

City, State Zip Code: _____ Email address: _____

Is there anyone **not** allowed to pick up the child? _____

Emergency Contact/Pickup list

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

TRANSPORTATION AGREEMENT

I _____ gives Kiddies World 2 and its employee permission to transport _____. By van, bus car to and from home, school, parks, trips ect.

Parent signature _____

EMERGENCY CARE AUTHORIZATION:

In the event that a medical emergency occurs, I authorize Kiddies World 2 to seek emergency care for my child as deemed necessary by the Director and I authorize such medical provider to carry out required emergency treatment.

Parent signature _____

MARKETING INFORMATION:

I give permission for my child's photo to be used for kw2 web site, advertisement via Facebook and/or other social media. Y N

Parent/Guardian initial _____

I understand and agree to the policies and requirements outlined in the Kiddies World 2 Parent Contract and the Financial Agreement. Specifically, I understand that full tuition is due regardless of holidays, snow days, short-term illnesses, or vacations. .

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____