

All About Kids Enrollment Form

(License #s 64585, 64584 & 73944)

Start Date: _____ Exit Date: _____

Child's Name: _____

Age _____ D.O.B. _____ Sex: _____

Address: _____ Zip Code: _____

Allergies: _____

Mother's Name: _____ Mother's Cell #: _____

Father's Name: _____ Father's Cell #: _____

Home Phone: _____ Mom Work: _____ Dad Work: _____

E-mail: _____

Child's Doctor: _____ Phone: _____

Address: _____

Hospital Preference: _____

Emergency Contacts:

Name/Address: _____ Phone: _____

Name/Address: _____ Phone: _____

Name/Address: _____ Phone: _____

Four Digit Door Code: _____

I, _____, acknowledge that I have received the All About Kids Parent Handbook and agree to abide by all policies and procedures therein.

X _____ Date: _____