

Enrollment Form

Child's Full Name: Last _____ First _____ Middle _____

DOB (mm/dd/yyyy): _____ Gender: Male Female

Child's Home Address: Street _____ Apt _____

City _____ State _____ Zip _____

Name(s) of Person Applying for Child: Last _____ First _____

Parent Guardian Caretaker Relative Other: _____

Address of Person Listed Above (if different from child's): Street _____ Apt _____

City _____ State _____ Zip _____

Cell/Home Phone(s): _____

Work Phone(s): _____

Email(s) for Kangarootime Connect App: _____

Parent/Guardian Employer Name: _____

IMPORTANT: In the case of custody and/or visitation arrangements concerning the child named above, we must have certified copies of legal documentation on file in order to honor such arrangements. Otherwise, the Parent/Guardian named above who is registering the child will be the primary contact and party responsible for payment to Discovery Kids Learning Center.

Emergency Contact Information:

Contact Name	Relationship	Telephone Number During Child Care Hours	Alternate Telephone Number <i>Indicate-Work/Other</i>

Does your child have any allergies? Yes No

If yes, what is your child allergic to? (foods, medicines, environmental, insect bites, etc.) Please detail:
