

**Kids Kingdom**

“Where education and security come first.”

**Enrollment Form**

Child’s Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

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Primary Contact Information Relationship (ex. mother, father...) \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Drivers License # \_\_\_\_\_ Alternate ID \_\_\_\_\_

Date of birth \_\_\_\_\_ Expiration Date \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Work Hours \_\_\_\_\_

Permission to pick-up? Y / N Lives with child? Y / N Contact in emergency? Y / N

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Secondary Contact Information Relationship (ex. mother, father...) \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Drivers License # \_\_\_\_\_ Alternate ID \_\_\_\_\_

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Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

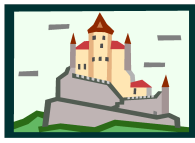
Drivers License # \_\_\_\_\_ Alternate ID \_\_\_\_\_

Date of birth \_\_\_\_\_ Expiration Date \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Work Hours \_\_\_\_\_

Permission to pick-up? Y / N Lives with child? Y / N Contact in emergency? Y / N



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## Pre-Admission Child's History

Child's Name \_\_\_\_\_

Nickname (if any) \_\_\_\_\_

Birth Date \_\_\_\_\_

Place of Birth \_\_\_\_\_

Please list all adults and children living in the child's home and their relationship to the child:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

### Eating Habits

Is the child able to feed themselves? Y / N (If Applicable)

Please list any foods the child likes and dislikes

Likes \_\_\_\_\_ Dislikes \_\_\_\_\_

Please list any allergies the child has, if it is a food allergy can we have permission to post it in the classroom for safety reasons?

\_\_\_\_\_ Yes, you can post my child's name \_\_\_\_\_

If your child has a sever allergy we will need a care plan from his/her pediatrician.

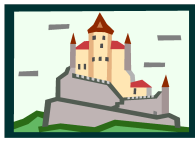
### Sleeping Habits \_\_\_\_\_ (If Applicable)

Is the child accustomed to taking a nap? Y / N

Does the child wet the bed? Y / N If so, how often? \_\_\_\_\_

I give the school nurse permission to make medical evaluations. Yes \_\_\_\_\_ No \_\_\_\_\_

Assessments are done two times a year. We recommend you contact your child's teacher to set up a conference to discuss your child's development.



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### Dressing and Toiletry

Can the child dress themselves? Y / N (If Applicable)

Does the child require help with any of the following?

Buttons Y / N      Zippers Y / N      Snaps Y / N      Tying Y / N      Other items \_\_\_\_\_

Is the child toilet trained? Y / N (If Applicable) If not, has toilet training started? Y / N

Does your child tell an adult when they need to use the toilet? Y / N / Sometimes

### Discipline

Please list discipline methods used at home:

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Is the child rewarded for good behavior? Y / N

Are there any special developmental or behavioral problems? Y / N

If yes, please list \_\_\_\_\_

Is the child allowed to make small choices? Y / N

Does the child clean up after themselves? Y / N

Does the child help around the house (ex. chores)? Y / N

### Play and Relationship with Others

Child's favorite toy \_\_\_\_\_

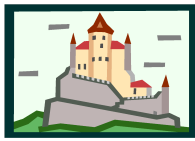
Does the child play well with other children? Y / N

Does the child find it difficult to share with others? Y / N

Has the child had other group experiences? Y / N

Does the child enjoy being read to? Y / N      If yes, any favorite books \_\_\_\_\_

How does the child react when introduced to new people, both adults and children?



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## Goals

Which goals are you hoping for your child to achieve at Kids Kingdom?  
(Ex. educational, social...)

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Are there any problems we should know about which may affect reaching the goals?

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Can we please have your E-Mail Address \_\_\_\_\_

## Additional Services

On occasion, the children will be entitled to participate in extra activities such as field trips, school pictures, and in-center activities like storytelling and zoo mobile visits. Any activities outside of the center will require a signed permission slip for the child to attend. There may be a cost associated with an activity but you will be made aware of any cost in advance. If there is a cost, it must be made in advance of the activity for your child to participate.

We will be using technology in your child's classroom to assist with assessments. Do you give Kid's Kingdom permission to share our assessments? Y / N

Do you give permission to take and share pictures? Y / N

## Schedule

Please list the date you would like your child to begin attending \_\_\_\_\_

Please list the days and times child care is requested.

Day	Arrival	Departure
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Meals to be served		
Breakfast	Lunch	Snack

Signature of Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_