

**Kids Kingdom**

“Where education and security come first.”

**Enrollment Form School Age**

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 \_\_\_\_\_

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

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

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

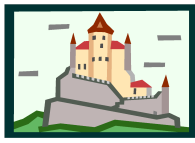
Drivers License # \_\_\_\_\_ Alternate ID \_\_\_\_\_

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

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.

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



# Kids Kingdom

History

What is your child’s primary language?

Is your child prone to any common ailments (upset stomach, frequent colds, allergies, asthma, nose bleeds etc.?)

Any known hearing or vision problems?

Does your child wear glasses?

Is your child on any medication?

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 \_\_\_\_\_

Play and Relationship with Others

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

Does the child find it difficult to share with others? 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...)

\_\_\_\_\_

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

\_\_\_\_\_

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.

Do you give permission for school 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		

Child will be served daily snack		

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

Date \_\_\_\_\_