

CAMPUS KIDCARE

2007-2008 KIDCARE REGISTRATION APPLICATION

Thank you for choosing the KidCare program this year! Your participation is important to us.

CHILD'S NAME: _____ Sex: _____ Age: _____ Birth date: ____/____/____

School Name: _____ Room # _____ Grade _____ Teacher: _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Beeper _____

Who does child live with? Name: _____ Relationship _____

Mother/Guardian _____ Father/Guardian _____

Driver License #: _____ State _____ Driver License #: _____ State _____

D.O.B. ____/____/____ D.O.B. ____/____/____

Workplace: _____ Workplace: _____

Work Phone: _____ Work Phone: _____

Cell/Beeper: _____ Cell/Beeper: _____

Emergency Contact Person: _____ Phone: _____
(Other than Parent/Guardian)

Are there any unusual custody circumstances we should be aware of? (____)Yes (____)No If yes, explain and attach a copy of any court order that you have with this application: _____

HEALTH INFORMATION

Name of Doctor: _____ Doctor's Phone: _____

Name of Medical Facility Doctor Works: _____

Name of Dentist/Orthodontist: _____ D/O Phone: _____

Should your child be restricted from any activities? (____) Yes (____)No If yes, list: _____

Does your child have food or medication allergies? (____)Yes (____)No If yes, list: (Foods) _____

 _____ (Medications) _____

LIABILITY: KidCare will not be liable for any child who leaves KidCare to attend any other activity program, either on or off campus, from the time of check out to check back in. When any child leaves KidCare to attend any other function that child will not be the responsibility of KidCare until that child has been officially checked back in with the Site Manager.

ABSENCES: Please notify KidCare in the event your child will be absent or other pick up arrangements are made on the days when this change is in effect. This will help us in accounting for the children upon roll call.

SITE MANAGER USE ONLY

Registration Date: _____ **Start Date:** _____ **Enrolled By:** _____

Amount Paid:\$ _____ **Check #** _____ **Registration Fee Paid:\$** _____ **Check #** _____ **For Week #:** _____

Is Child on a Funding Source? (____)Yes (____)No **If yes, list fees: Part Time Day/Week \$** _____ **/\$** _____

Name of Funding Source: _____ **or Reduce Lunch?** _____ **Free Lunch?** _____

Does this child have siblings at this facility? (____)Yes (____)No **If Yes, Name/s:** _____

Was parent given these: Know Your Child Care Brochure: _____ **KidCare Handbook:** _____