

ALPHA KidCare, Inc.

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 _____
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: _____