

APPLICATION FORM

(All information is required)

Child's name: _____ Date of Birth: _____

Address: _____ Home Phone:(____) _____

Parent's name: _____ SS# _____

Address: _____ Home Phone: (____) _____

Email: _____ (Only child/programming/account information will be provided)

Parent's name: _____ SS# _____

Address: _____ Home Phone: (____) _____

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DAYTIME CONTACT INFORMATION
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Mother's Employer (or school) Name: _____ Position: _____

Address: _____ Telephone:(____) _____

Father's Employer (or school) Name: _____ Position: _____

Address: _____ Telephone:(____) _____
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AUTHORIZATION FOR PICK UP - PERSONS TO CALL IN AN EMERGENCY OTHER THAN PARENTS

(I consent that the following individuals may be granted access to information regarding my child's file)

Name/Address: _____ Relation to child: _____ Telephone Number(s): _____

1. _____

2. _____

3. _____

4. _____

5. _____

Under no circumstances will your child be released to anyone who is not on this list or anyone without proper ID.
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TUITION FEES OR COPAY FEES

The registration fee and one (1) week tuition or copay fee must accompany this application. All future payments must be made weekly or bi-weekly on Monday, but no later than Wednesday of the week due. If fees are not received promptly, late fees will be assessed and an interruption or termination of services will follow.

Amount paid at enrollment: _____ Payment Schedule: Weekly Bi-weekly

Signature: _____ Date: _____

Signature: _____ Date: _____

**FAMILY HISTORY
(CONFIDENTIAL)**

Child: _____ Date of Birth _____

Mother/Guardian _____ Age: _____

Father/Guardian _____ Age: _____

Marital Status: Married Living together Separated Divorced Stepmother/father

Are there any custody arrangements we should be aware of? If so, please explain and provide the court order.

Name(s), age(s) of siblings in the home: _____

What are your childcare arrangements, when you are not home, and child is not at school? _____

Please explain any preferences that you may have regarding any of the following: race, religion, home language, culture, and family structure _____

DEVELOPMENTAL HISTORY

What age did your child: sat alone _____ walked alone _____ crept on hands/knees _____
named simple objects _____ weaned from bottle _____ began toilet training _____

Word your child uses for urination _____ bowel movement _____ usual time for BM _____

Does your child sleep alone? _____ If no, with whom does he/she sleep? _____

Can your child dress himself? _____ undress himself? _____ Is he/she right/left handed? _____

Is your family vegetarian? _____ other dietary restrictions: _____

Does your child have any fears? _____ Explain _____

What time does your child go to bed? _____ When at home does he/she take a nap? _____

Does your child have any diagnosed developmental problems? _____ Explain _____

Method of behavior control used in your home: _____

Your child's usual reaction: _____

Has your child had experience in group care? _____

How would you describe your child's personality? _____

How can we help your child this year? _____

HEALTH HISTORY

(Information regarding health requirements, especially allergies will be posted in the kitchen, child's classroom and other areas that the child may occupy. If you do not authorize this, please inform the director immediately.)

What illnesses has your child had?(check) chicken pox diabetes asthma measles
 whooping cough mumps other: _____

Previous surgery/serious accidents: _____

Does your child have frequent colds/ear infections? _____ Explain _____

Does your child run fevers easily? _____ Explain _____

Does your child have any allergies? _____ If yes, he/she reacts to: _____

How does it show itself? _____

Is your child currently on medication? _____ If yes, explain: _____

Has your child ever been to a dentist? _____ If yes, give last date: _____

Has your child had his/her vision checked? _____ If yes, give last date: _____

Describe your child's overall health: _____

PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITES

1. I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the center.
2. I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks and/or field trips or in emergency situations in an authorized vehicle.
3. I hereby grant permission for my child to be included in evaluations and pictures connected with the center.

PARENTAL CONSENT TO ADMINISTER TREATMENT

I, _____, the parent/guardian of _____, give Kids Are Us Learning Centers, Inc. permission/authorization to provide treatment to my child that may need more attention than soap and water. I have placed an (X) next to the items that may be used for my child's well-being and comfort.

Baby Powder

Baby Wipes

Neosporin

Hydrogen Peroxide

Rubbing Alcohol

Vaseline

Betadine (Iodine)

Diaper Rash Ointment

Parent's Signature _____

Date _____

Parent's Signature _____

Date _____

Witness _____

Date _____