

life kids enrollment form

Parent Information

Last Name _____ First Name _____ MI _____

Relationship to Child _____ Security Number _____

Street Address _____ Unit # _____

City, State _____ Zip Code _____

Primary Phone _____ Work _____

Email Address _____

Employer Name _____

Last Name _____ First Name _____ MI _____

Relationship to Child _____ Social Security Number _____

Street Address _____ Unit # _____

City, State _____ Zip Code _____

Primary Phone _____ Work _____

Email Address _____

Employer Name _____

Child Information

Last Name _____ First Name _____ MI _____

Sex _____ Social Security Number _____ Date of Birth _____
M / F _____

1st Emergency Contact info (other than parents)
 Name _____ Phone _____

Doctor _____ Phone _____

Insurance Provider: _____

Policy Number: _____ Policy Holder: _____

Allergies: _____ Severity _____
 Mild / Moderate / Severe

Treatment _____ Epi-Pen needed: Y / N

Does child have special needs? If yes, please explain _____

Last Name _____ First Name _____ MI _____

Sex _____ Social Security Number _____ Date of Birth _____
M / F _____

2nd Emergency Contact info (other than parents)
 Name _____ Phone _____

Doctor _____ Phone _____

Insurance Provider: _____

Policy Number: _____ Policy Holder: _____

Allergies: _____ Severity _____
 Mild / Moderate / Severe

Treatment: _____ Epi-Pen needed: Y / N

2018-19 Monthly Tuition

Enrollment Fee	\$100.00
Infants	\$700.00
Ones	\$675.00
Twos	\$650.00

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Emergency Transportation Release

In the case of an emergency requiring evacuation of *Life Kids Daycare* building, I do hereby authorize: **Life Kids/Abundant Life Church staff, volunteers, or owners** to transport my child to an alternate location. *Location is listed in the Parent Handbook.* **Parent Initials** _____

Photo Release

I hereby give my consent for representatives of **Life Kids/Abundant Life Church staff, volunteers, or owners** to print and/or publish photo(s) of my child, for use in facility media/advertising, and/or business publicity. I attest that I am the parent/guardian of the child being photographed. I have read this release and approve of its terms. **Parent Initials** _____

Liability

Life Kids/Abundant Life Church staff, volunteers, or owners do not assume responsibility for:

1. Providing or stocking child's, formula, food, diapers, diaper cream, or daily necessities
2. Lost or stolen items
3. Illness
4. Closures due to: Weather, Natural Disasters, Inoperable Building, Utility Malfunction, etc.
5. Accidents (child accidentally injured)
6. Transportation to/from daycare

Parent Initials _____

Authorization for Emergency Care to Minor(s) / Emergency Contacts

I certify that I am the parent or legal guardian of the child/children named above. I give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require care in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives (emergency contact) in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child. **Parent Initials** _____

To be signed and witnessed during Registration

First Minor Child: _____ Second Minor Child: _____

Parent/Guardian Legal Name Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Office Use Only

Days: M / T / W / Th / F	Date Enrolled:	Start Date:	Billing Cycle:
Tuition Amount:	Birth Certificate Received Date:	Immunization Record:	