



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information: Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: Birthdate:

Allergies:

Medicines Routinely Taken:

Name of Custodial Parent(s)/Legal Guardian(s):

Address: Street Address (number, apartment #, street) City State Zip Code

Home Telephone Cell Telephone Work Telephone

Family Physician's Name/Health Care Resource:

Address: Street Address (number, apartment #, street) City State Zip Code

Telephone ()

Hospital Preference: Name City

Medical Insurance Company:

Policy #: Expiration Date:

Emergency Contact (if custodial parent/guardian cannot be reached):

Address: Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone Cell Telephone Work Telephone



Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child (Child's Full Name), in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF

The foregoing instrument was acknowledged before me this (Month) (Day) 20 (Year)

by means of physical presence or online notarization by (Name of Affiant) who is personally known

to me or has produced (Type of identification) as identification.

SEAL OF NOTARY

Signed: (Signature of Notary)



Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Parent Signature

Date



Nutrition Policy/Handbook Receipt and Confirmation

I _____ parent of _____ (child's name) confirm I have received, read and understand the Policies and Procedures/Handbook of KidsPark Oldsmar. I have read the nutrition policy which includes 3 free snacks a day offered at 10am, 3pm and 8pm. I am aware that I can purchase a meal for both lunch and dinner and that it will include milk and fruit/vegetable. I agree to abide by these policies and talk to my child's teacher if I have any concerns. If the situation is not resolved I will first talk to the Director, and then submit the concerns in writing to the KidsPark Oldsmar Owners.

Parent Signature _____ Date _____

Parents Name _____ Parent Email _____

Disciplinary Action Receipt and Confirmation

I _____ parent of _____ (child's name) confirm I have received, read and understand the Discipline Policies and Procedures/Handbook of KidsPark Oldsmar. I agree to abide by these policies and talk to my child's teacher if I have any concerns. If the situation is not resolved I will first talk to the Director, and then submit the concerns in writing to the KidsPark Oldsmar Owners.

Parent Signature _____ Date _____

Parents Name _____ Parent Email _____

Audio/Visual Release Form

I grant permission to KidsPark Oldsmar to use photographs and/or videotape taken of my child for use in its publications. These publications can include newsletters, brochures, display boards, and electronic versions of the same publications or on the KidsPark Oldsmar Facebook page or other electronic forms of media. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Date _____

Child's name _____

Parent/Guardian Name _____

Signature _____