



Enrollment Application

3180 Medlock Bridge Road
Peachtree Corners, GA 30071

Entrance Date ___/___/___

Withdrawal Date ___/___/___

Child's Name _____ Sex ___ Age ___ Date of Birth ___/___/___

Home Address (street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone Number _____

Father's Home Address (street) _____

(if different from child)

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Address (street) _____

City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (street) _____

(if different from child)

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Employer's Address (street) _____

City _____ State _____ Zip _____

Marital Status: () Married () Separated () Divorced () Widowed () Other _____

Child's Living Arrangements (check one): () Both Parents () Mother () Father () Other

Child's Legal Guardian(s) (check one): () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or to the following:

Name _____ Telephone Number _____

Address (street) _____

City _____ State _____ Zip _____

Relationship to Child _____ Relationship to Parent/Guardian _____

Name _____ Telephone Number _____

Address (street) _____

City _____ State _____ Zip _____

Relationship to Child _____ Relationship to Parent/Guardian _____

Health & Emergency Information

Child's Name _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name & Relation _____ Telephone Number _____

Name & Relation _____ Telephone Number _____

Name & Relation _____ Telephone Number _____

Name of Public/Private School child attends, if any: _____

Child's Doctor _____ Phone number _____

Child's Dentist _____ Phone number _____

Health Insurance Provider _____

Address _____

Phone number _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____, date of birth ___/___/___ suffer an injury or illness while in the care of KidsRKids #15 and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We shall assume responsibility for payment for services.

Parent/Guardian (printed name) _____

Best Daytime Contact Number _____

Parent/Guardian (signature) _____ Date ___/___/___

Parent/Guardian (printed name) _____

Best Daytime Contact Number _____

Parent/Guardian (signature) _____ Date ___/___/___

Facility Administrator (signature) _____ Date ___/___/___