



Enrollment Application

Child's name: _____ Date of Birth: _____

Enrollment Date: _____ Sex: M _____ F _____ Child's last 4 digits of SS#: _____

Home Address: _____

Home Ph#: _____ Days and hours in care: M T W TH F (Please circle) From ____ to ____

Mother's Name: _____ Driver's License Number _____

Cell Phone Number _____ Cell Phone Provider _____

Place of Employment: _____

Father's Name: _____ Driver's License Number _____

Cell Phone Number _____ Cell Phone Provider _____

Place of Employment: _____

Parent's marital status: S _____ M _____ D _____ W _____ Child lives with: _____

The Child may be released to the following people with proper identification:

Name: _____ Phone: _____ Relation: _____

Address: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

List any allergies or special needs your child may have: _____

HOW DID YOU HEAR ABOUT US?? _____

AUTHORIZATION for EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached, I authorize the management or teachers of Kids R Kids 11tx to take my child to:

Name of Physician: _____ Phone: _____

Address: _____ Fax: _____

Name of Hospital or Clinic: _____ Methodist Hospital _____ Phone: _____ 281-274-7000 _____

Parent/Guardian signature: _____ Date: _____

Transportation: I give _____ do not give _____ permission for my child to be transported on:

(please check) Field Trips _____ To and from school _____

Water Activities: I give _____ do not give _____ permission for my child to participate in:

(please check) Splash Park _____

Photograph/Social Media/Website: I give _____ do not give _____ permission to be included.

SCHOOL AGE CHILDREN: My child attends: _____ Phone _____

My child's current immunizations are on file at the school: Yes _____ No _____

Director's name: **McCall Palmer**

Parent's signature: _____ Date: _____