



**SMART CHOICE. SMARTER CHILD.®**

**Enrollment Application**

Start Date \_\_\_/\_\_\_/\_\_\_

Child
Child's Full Name _____ Age ___ Gender _____ Date of Birth ___/___/___
Child's Home Address _____
Does the child have allergies? (foods, medications, insects, etc.) _____
_____

Parent/Guardian(s)
Parent/Guardian Name _____ <input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Home Address _____ Cell Phone _____
_____
Place of Employment _____ Work Phone _____
Email Address _____
Parent/Guardian Name _____ <input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Home Address _____ Cell Phone _____
_____
Place of Employment _____ Work Phone _____
Email Address _____

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Child's Legal Guardian(s): <input type="checkbox"/> Both parents/guardians <input type="checkbox"/> Mother <input type="checkbox"/> Father
Child's Living Arrangements: <input type="checkbox"/> Both parents/guardians <input type="checkbox"/> Mother <input type="checkbox"/> Father



Emergency Contacts		
The child may be released to the person(s) signing this agreement or to the following with photo ID:		
Full Name	Relationship	Telephone
_____	_____	_____
Full Name	Relationship	Telephone
_____	_____	_____

I, \_\_\_\_\_ give my permission for Kids 'R' Kids #1 KS to seek medical attention for my child, \_\_\_\_\_, in the event of an emergency if I cannot be reached, and to hold harmless and release Kids 'R' Kids #1 KS and Kids 'R' International, Inc., from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

Kids 'R' Kids # 1KS emergency medical and transportation procedure:

1. Call emergency medical team, if necessary
2. Call parent/guardian
3. Call alternate emergency contact, if necessary
4. Emergency medical team transports child to hospital, if necessary

A Kids 'R' Kids representative will accompany child to hospital if parent is not yet there.

Emergency Medical Facility the center uses: Olathe Medical Center  
 Address: 20333 West 151<sup>st</sup> Street, Olathe, KS 66061  
 Phone: 913-791-4200

**I agree to abide by the policies and procedures of Kids 'R' Kids as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.**

_____	____/____/____
Parent/Guardian Signature	Date
_____	____/____/____
Owner/Director Signature	Date