



"Where Kids Can Bee Kids"

Registration Form

Child Information

Name: _____ Date of Birth: _____

Address: _____

Family Information

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Driver's License: _____ Driver's License: _____

Social Security Number: _____ Social Security Number: _____

Email: _____ Email: _____

Emergency Contacts

Child may be released only to the custodial parent, legal guardian or persons listed below with picture identification. If the custodial parent or legal guardian cannot be reached the following persons will be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Special Needs or Allergies

Florida Statutes: I have read and understand the "Know Your Childcare Facility" brochure and the disciplinary policies for this center. I also grant the center permission to transport my child for reasons of field trips, after school programs or emergencies.

Collection Disclaimer: As parent or legal guardian you are responsible for all charges made and/or pending during enrollment period and at the time of dismissal.

With my signature I assure that the information provided is true, correct and complete.

Parent Signature: _____ Date: _____



Authorization for Medical Treatment

The Employees of Kid City USA are committed to the provision of a safe environment for your child. However, accidents may occur and children may become ill. Therefore, it may become necessary to have your child medically treated.

In case of emergency, I _____, parent or legal guardian of _____, do hold Kid City USA harmless of any injury/illness. I understand that I am responsible for such treatment.

Doctor: _____ Phone: _____

Hospital Preference: _____

Insurance Company: _____

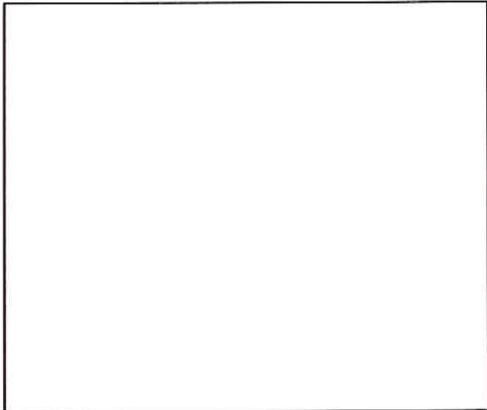
Policy or Group Number: _____

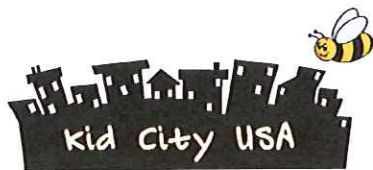
Parent/ Guardian Signature: _____ Date: _____

State of Florida, County of _____. The foregoing instrument was acknowledge before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

_____, Notary Public.

Name of Notary Typed, Printed or Stamped





"Where Kids Can Bee Kids"

What Makes My Child Special



General Information

Name: _____ DOB: _____ Age: _____

Previously my child was cared for:

_____ In a home daycare setting

_____ At another center

_____ Home with me

_____ By a relative, friend or neighbor

My child lives with: _____ Mom & Dad _____ Mom _____ Dad _____ Other: _____

Any siblings? _____ Yes _____ No Name and ages: _____

I would say that her/his day was relatively structured / unstructured. (Circle one)

In new situations, my child tends to: _____

What is the primary language at home? _____ Is she/he potty trained? Y / N



Special Needs / Allergies



Sleeping

Special sleep items (doll, blanket, etc) _____

Special hints to help at nap time: _____



Learning and Fun

Likes to do the following activities: _____

My child can't part with (i.e. toy, stuffed animal) _____



Others

Does your child has any other friends/acquaintances at this Center (Circle one) Yes / No

If yes, who are they? _____

I would describe my child as (shy, outgoing, a leader, strong willed, etc) _____


Any other information that would help us best meet you and your child's needs?




"Where Kids Can *Bee* Kids"

Audio/Video/Photo Form

I _____ the parent or legal guardian of _____
give my permission to Kid City USA, to tape record, video record or photograph my child for
educational, security and/or publicity purposes while participating in the regular activities of
this program.

 Yes _____

 No _____

Signature: _____

Date: _____




"Where Kids Can Bee Kids"

Emergency Data

 Child's Name: _____ Age: _____ Date of Birth: _____

 Address: _____

 Mother's/Guardian's Name: _____


Cell #: _____ Work #: _____ Home # _____

 Father's/Guardian's Name: _____

Cell #: _____ Work #: _____ Home # _____

 Other: _____ Relationship _____

Cell #: _____ Work #: _____ Home # _____

 Other: _____ Relationship _____

Cell #: _____ Work #: _____ Home # _____