

Kids Academy

We are dedicated to your child's well-being and development

A one-time registration fee is due with this registration form.

Today's Date _____ Non-Refundable Registration Fee \$ _____
Starting Date _____ One Week Deposit \$ _____
Date of Last Attendance _____ Tuition Payment \$ _____
Total Beginning Payment \$ _____

Registration Form

Child's Name _____ Nick Name: _____

Days Attending (Please Circle): **Mon. Tues. Wed. Thur. Fri.** Hours: _____

Date of Birth: _____ Male Female

Home Address: _____ City: _____ Zip Code: _____

Home Telephone: _____

Child living with: **Both Mother & Father** **Mother** **Father** **Guardian**

Person Registering Child: _____ Relationship: _____

Mother/Guardian Name: _____

Home Address: _____ City: _____ Zip Code _____

Home Telephone: _____ Work Telephone: _____

Mobile Phone: _____ Email: _____

Occupation: _____ Work Address: _____

Father/Guardian Name: _____

Home Address: _____ City: _____ Zip Code _____

Home Telephone: _____ Work Telephone: _____

Mobile Phone: _____ Email: _____

Occupation: _____ Work Address: _____

Emergency Telephone (In Priority Order)

1) _____ Mother Father Guardian

2) _____ Mother Father Guardian

3) _____ Relative/Friend: _____

Child Pickup Authorization Form

In my absence, I authorize the following individuals to pick up my child from Kids Academy (Please include all names other than the person registering the child). Please note that a valid form of identification will be required from each of the following individuals at the time of pick-up:

1.Name: _____ Relationship: _____

Address: _____ City: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

2.Name: _____ Relationship: _____

Address: _____ City: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

3.Name: _____ Relationship: _____

Address: _____ City: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Physician: _____ Telephone: _____

Office Address: _____ Hospital: _____

Dentist: _____ Telephone: _____

Office Address: _____ Telephone: _____

Does your child have any siblings? _____

How did you hear about Kids Academy?:

Medical, Special Conditions & Other Child Information

MEDICAL:

Medical Problems/Developmental Concerns :

Regular Medication Needed: Yes No

If YES, please explain: _____

(**Authorization from the Doctor is needed to administer any medications**)

Restrictions for play:

Outdoors: _____

Indoors: _____

Allergies:

Does your child have any allergies to Food?: Yes No

If yes, please list all foods or food containing the allergen:

Does your child have any other type of allergy?: Yes No

If yes, please explain in detail by list:

Child Information:

Was your child born premature?: Yes No If yes, what was your child's birth weight? _____ LBS. _____ OZ.

Child's current weight & height: _____ LBS. _____ IN.

Child's first word: _____ What age did your child begin to walk?: _____

Food Likes: _____ Food Dislikes: _____

Does your child drink milk?: Yes No How many times per day? _____

Does your child eat snacks?: Yes No How many times per day? _____

Child's Fears: _____ Child's Strengths: _____

Nap Times & Length: _____ Toilet Trained: Yes No What Age: _____

Your family's beliefs: _____

Any food restrictions due to your families beliefs?(Please list ALL restrictions):

Any other information that would help in caring for your child?:

Parent/Guardian Signature: _____ Date: _____