

KIDZ creative concepts registration form

Please print clearly with blue or black ink

Child's Full Name _____ Birth Date: _____

Address: _____ Phone number _____

City: _____ State: _____ Zip Code: _____ Gender: _____

Date of Enrollment: _____ Date of Discharge: _____

Schedule Days of Care: Monday Tuesday Wednesday Thursday Friday

Schedule Hours of Care: From: _____ am/pm To: _____ am/pm

Before and After School: From: _____ am/pm To: _____ am/pm Before school
From: _____ pm To: _____ After School

Mother's Full Name: _____ Home Phone: _____

Cell Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Employer: _____ Business Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Work Hours: _____

Father's Full Name: _____ Home Phone: _____

Cell Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Employer: _____ Business Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: - _____ Work Phone: _____ Work Hours: _____

Person(s) who are authorized to pick up the child (ren)

Primary person(s) authorized to pick up my child: Besides parents, guardians, or emergency pick-up

Name: _____ Address: _____ Phone # _____

Name: _____ Address: _____ Phone# _____

Name: _____ Address: _____ Phone# _____

Secondary list of person(s) authorized to pick up my child:

Name: _____ Address: _____ Phone# _____

Name: _____ Address: _____ Phone# _____

Person to contact in case of an emergency if the parents cannot be located:

Name: _____ Address: _____ Phone# _____

Medical Emergency Information

Child's Physician: _____ Phone# _____

Address: _____ City: _____ State: _____ ZipCode _____

Preferred Hospital: _____ Phone# _____

Address: _____ City: _____ State: _____ ZipCode _____

Insurance Company: _____ Policy# _____