



Kids' World Enrollment Application *(One per Family)*

For Office Use Only

Start Date

Term. Date

P / D

Center Attended

Parent Information (If other Parent is living at a different address, please complete Parent Information #2))

Last Name

First Name(s)

Street Address

Parent Situation: Married Living Together Separated Divorced Widowed

City

Zip Code

Home Phone

Other Phone

Work Location(s)& Phone Number(s)

Parent Information 2

Last Name

First Name(s)

Street Address

Parent Situation: Married Living Together Separated Divorced Widowed

City

Zip Code

Home Phone

Other Phone

Work Location(s)& Phone Number(s)

Child #1 Information

GIRL / BOY

Last Name

First Name

Reg. Fee

Date of Birth

Classroom

School Attended

Special Needs

Allergies

Child #2 Information

GIRL / BOY

Last Name

First Name

Reg. Fee

Date of Birth

Classroom

School Attended

Special Needs

Allergies

Child #3 Information

GIRL / BOY

Last Name

First Name

Reg. Fee

Date of Birth

Classroom

School Attended

Special Needs

Allergies

Child #4 Information

GIRL / BOY

Last Name

First Name

Reg. Fee

Date of Birth

Classroom

School Attended

Special Needs

Allergies

Family Doctor

Family Dentist

Name:
Phone Number:

Name:
Phone Number:

Picture ID is required; we cannot release children to persons less than 18 years of age, or to anyone without your prior consent.

Local Emergency Contact

Local Emergency Contact

Local Emergency Contact

Local Emergency Contact

Authorized Pick-Up 1

Authorized Pick-Up 2

Authorized Pick-Up 3