



Child's name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Password \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Circle days to attend: Mon. Tue. Wed. Thu. Fri. Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Employer's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer's Address \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Employer's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer's Address \_\_\_\_\_ Cell: \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Employer's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's marital status: Married \_\_\_ Single \_\_\_ Divorced \_\_\_; If divorced, who has legal custody? \_\_\_\_\_  
 May the non-custodial parent pick up the child? Yes \_\_\_ No \_\_\_. If yes, include in release section.  
 If no, documentation from the court may be required.

This child will be released only to the people listed on this application and the following persons:

Mother: Yes No Father: Yes No  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Other person to be notified in case of illness or accident:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Child's Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

May facility consult the above physician if parent/guardian cannot be reached? Yes  No

Hospital Preference \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

I give the following person(s) permission to have access to health information about my child \_\_\_\_\_

Any Allergies or Special Needs \_\_\_\_\_

Emergency contact other than parent: \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an emergency, I can arrive at the facility within: 0-30 Min  30-60 Min  Other  \_\_\_\_\_

\_\_\_\_\_  
 Date of Enrollment

\_\_\_\_\_  
 Signature of Enrolling Parent

It is the policy of Kids Academy Learning Center to provide equal employment and educational opportunities for all people without regard to race, color, religion, national origin, gender, age, veteran status, disability, political affiliation or sexual orientation.

875 Coral Ridge Rd Coral Springs, Florida 33071  
 954-510-5437 (FAX) 954-510-2329

web site: Kids-academy.com email: kids-academy@att.net