

**KIDDIE STATION - CHILDREN'S REGISTRATION FORM**

CHILD'S FULL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ ENROLLMENT DATE \_\_\_\_\_  
PRE-ENROLLMENT TOUR \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR CENTER  
INTERNET \_\_\_\_\_ YELLOW PAGES \_\_\_\_\_ NEWSPAPER \_\_\_\_\_ FRIEND \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**FATHER:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**MOTHER:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

If parents are divorced, which is the custodial parent? \_\_\_\_\_

Other persons authorized to pick up the child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND INFORMATION**

Other children and adults in the home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's hobbies and interests \_\_\_\_\_  
\_\_\_\_\_

Does your child play well with other children? \_\_\_\_\_  
\_\_\_\_\_

Has your child experienced any of the following in the past year?  
Moving \_\_\_\_\_ Divorce \_\_\_\_\_ Death in family \_\_\_\_\_  
Change of school \_\_\_\_\_ Serious Illness \_\_\_\_\_ Birth in family \_\_\_\_\_

How would you describe your child?  
Active \_\_\_\_\_ Quiet \_\_\_\_\_ Shy \_\_\_\_\_ Birth in family \_\_\_\_\_

Is there any other information we should know about your child? \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

The following individual (if parents are not available) shall be the emergency contact and be able to authorize care in the event of an emergency, unforeseen circumstances or illness:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

The staff of Kiddie Station has my permission to administer emergency first-aid, routine first-aid (ex. Triple Antibiotic Ointment, band-aids, peroxide, sting stick and sunscreen) and seek further medical care for my child in case of an emergency. I will be notified as soon as possible by Kiddie Station. I will be responsible for all costs of medical treatment that my child receives that is not covered in Kiddie Station insurance policy.

I understand that my child will be participating in many activities and an injury may occur. I will not hold Kiddie Station liable for any injuries that may occur while participating in our program.

Parents signature \_\_\_\_\_ Date \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Name of child's physician \_\_\_\_\_ Phone \_\_\_\_\_  
Take child to \_\_\_\_\_ EMERGENCY HOSPITAL

PLEASE WRITE ANY SPECIAL CONDITIONS, MEDICATIONS OR ALLERGIES OF WHICH WE SHOULD BE AWARE OF: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

.....

I have received a copy of DHS Licensing Requirements and a copy of the Kiddie Station Parent Handbook and agree to it's terms. I understand that payment of fees is due on Monday for that week of childcare services. If payment of fees are late a \$20.00 per week late fee will be assessed. I understand my childcare fees to be \$\_\_\_\_\_/week. If collection by a professional service of fees becomes necessary I understand that I will be responsible for any fees related to this collection.

Parent signature \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_

Director signature \_\_\_\_\_ Date \_\_\_\_\_