Infant Enrollment Packet

Childs' Name	Miles Taylor
Date of Birth	07/03/2024
Age	0 years
Gender	Male
If Yes, Where and for How long?	KinderCare 1.5 month
Has your child been to a Preschool before?	Yes
Monthly $Full Time 5 days	3000
Weekly $Full Time 5 days	
Monthly $Part Time 3 days	
Weekly $Part Time 3 days	
Monthly $ Part Time 2 days	
Weekly $Part Time 2 days	

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	✔	✔	✔	✔	✔
Lunch	✔	✔	✔	✔	✔
Snack	✔	✔	✔	✔	✔

Hours of Care (ex9-5)	8-5	8-5	8-5	8-5	8-5

Request starting date	09/17/2024
How did you hear about us	
Mother's Name	Shantell Quintero
Social Security #	618688760
DL #	E3346600
Address	1226 West Maxzim Avenue
City	Fullerton

State	CA
Zip	92833
Email	shantellquintero@gmail.com
Home Phone	6573649586
Place of Employment	Auto club of southern ca
Cell Phone	6573649586
Job Title	DMV
Work Phone	6573649586
Marital Status	Single
Custody Information	
Father's Name	
Social Security #father	
DL # father	
Address father	
City father	
State father	
Zip father	
Email father	
Home Phone father	
Place of Employment father	
Cell Phone father	
Job Title father	
Work Phone father	
Marital Status father	Select value
Custody Information father	
List any allergies your child has	Na
My child excels in	
My child needs help in	
Parent's evaluation of child's personality	
Does your child have any special needs/problems/fears?	
Additional information we should know about your child	
Date	09/14/2024
Parent/Guardian's Signature	

I/We the undersigned parents/legal guardian(s) of	Shantell Quintero
01. Pay tuition at a weekly rate of	
Monthly rate of	
15. I/ We, the undersigned parents of legal guardians of	Shantell Quintero
17. It is understood that as the parent(s) or legal guardian(s) of	Shantell Quintero
Dated	09/14/2024
AUTHORIZED REPRESENTATIVE OF KIDS ADVENTURE	
PARENT OR LEGAL GUARDIAN SIGNATURE	

	Weekly or Monthly	Discount Type / Amount	Classroom	Total Tuition

	In	Out
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Childs Name:	Miles Taylor

Birth Date:	03-07-
Todays Date:	09/14/2024
1. Is your child on a special diet?	Yes
If yes please specify:	Formula
2. Does your child have any allergies?	No
If yes, please list:	
3. Are there any foods your child should not eat for medical, personal, or religious reasons?	
4. Does your child use a bottle?	Yes
What do you put in the bottle:	Formula
5. My child uses a:	
6. Special likes and dislikes:	
7. Feeding Schedule	2-3 hours
8. Timeline to introduce solids and specific consistency offoods:	
1. What is your child's normal sleeping environment?	Crib
2. What is your child's normal sleeping schedule and habits?	
3. What are your child's rolling abilities at this time?	He can roll
1. How many wet diapers a day approx.:	11-14
2. How often does your child have a bowel movement:	1 daily
3. Any special comments or concerns in reference to diapering/toileting:	
4. Method preferred for toilet training:	
5. Specific equipment used and time line of use as directed/provided by parent as well as a timeline of introduction of appropriate clothing:	
Parents Name	Shantell Quintero
Date Toilet planing	09/14/2024
Center Representative:	
Daytime Phone# :	6573649586
Date Toilet planing 2	09/14/2024

Signature (Toilet planing)	
Child's Name:	Miles Taylor
Classroom:	Infant
Contact 1 Name	Kevin Taylor
Contact 1 Cell Phone #	7144882054
Contact 2 Name	
Contact 2 Cell Phone #	