Infant Enrollment Packet

Childs' Name	aleah mondragon
Date of Birth	10/17/2023
Age	1 years
Gender	Female
If Yes, Where and for How long?	
Has your child been to a Preschool before?	no
Monthly $Full Time 5 days	
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	
Request starting date	02/03/2025
How did you hear about us	friends
Mother's Name	Diana Lugo
Social Security #	
DL #	F8567082
Address	310 S JEFFERSON ST APT 33H
City	PLACENTIA

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Lunch					
Snack					

Hours of Care (ex9-5)					9-6

State	CA
Zip	92870
Email	KARINALUGO18@GMAIL.COM
Home Phone	5623932535
Place of Employment	
Cell Phone	
Job Title	
Work Phone	
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	
My child excels in	
My child needs help in	
Parent's evaluation of child's personality	VERY FRIENDLY
Does your child have any special needs/problems/fears?	NO
Additional information we should know about your child	
Date	12/11/2024
Parent/Guardian's Signature	

I/We the undersigned parents/legal guardian(s) of	DIANA LUGO
01. Pay tuition at a weekly rate of	
Monthly rate of	
15. I/ We, the undersigned parents of legal guardians of	DIANA LUGO
17. It is understood that as the parent(s) or legal guardian(s) of	ALEAH MONDRAGON
Dated	12/11/2024
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:	ALEAH D MONDRAGON LUGO

Birth Date:	17-10-2023
Todays Date:	12/11/2024
1. Is your child on a special diet?	No
If yes please specify:	
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?	LACTOSE
4. Does your child use a bottle?	Yes
What do you put in the bottle:	WHOLE MILK (LACTOSE FREE)
5. My child uses a:	Spoon Bottle
6. Special likes and dislikes:	
7. Feeding Schedule	
8. Timeline to introduce solids and specific consistency offoods:	
1. What is your child's normal sleeping environment?	VERY QUITED
2. What is your child's normal sleeping schedule and habits?	WAKE UP AROUND 7 AM, FIRST NAP AROUND 1PM AND GO TO BED AROUND 7PM OR 8 PM
3. What are your child's rolling abilities at this time?	SHES IS FULLY WALKING
1. How many wet diapers a day approx.:	7
2. How often does your child have a bowel movement:	TWICE A DAY
3. Any special comments or concerns in reference to diapering/toileting:	I OFTEN CHANGE HER DIAPPER, SHE HAS SENSITIVE SKIN
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	DIANA K LUGO
Date Toilet planing	12/11/2024

Center Representative:	
Daytime Phone# :	
Date Toilet planing 2	
Signature (Toilet planing)	
Child's Name:	ALEAH D MONDRAGON LUGO
Classroom:	
Contact 1 Name	DIANA K LUGO
Contact 1 Cell Phone #	5623932535
Contact 2 Name	JUANA LUGO
Contact 2 Cell Phone #	5628438426