

Preschool Enrollment Package

Childs' Name						
Date of Birth						
Age						
Gender						
Has your child been to a Preschool before?						
If Yes, Where and for How long?						
Weekly \$Full Time 5 days						
Monthly \$Full Time 5 days						
Monthly \$Full Time 3 days						
Weekly \$Full Time 3 days						
Monthly \$Full Time 2 days						
Weekly \$Full Time 2 days						
		Mond ay	Tues day	Wed nesd ay	Thurs day	Frida y
	Brea kfast					
	Lunc h					
	Snac k					
Hours of Care						
	Hour s of Care (ex 9-5)					
Request starting date						
How did you hear about us						
Mother's Name						
Social Security #						
DL #						
Address						
City						

State	
Zip	
Email	
Home Phone	
Place of Employment	
Cell Phone	
Job Title	
Work Phone	
Fathers's Name	
Social Security #Father	
DL #Father	
AddressFather	
CityFather	
StateFather	
ZipFather	
EmailFather	
Home PhoneFather	
Place of EmploymentFather	
Cell PhoneFather	
Job TitleFather	
Work PhoneFather	
Custody Information	
Marital Status	Select value
List any allergies your child has	
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	
Parent/Guardian's Signature	
I/We the undersigned parents/legal guardian(s) of	

01. Pay tuition at a weekly rate of																			
Monthly rate of																			
15. I/ We, the undersigned parents of legal guardians of																			
17. It is understood that as the parent(s) or legal guardian(s) of																			
Dated																			
AUTHORIZED REPRESENTATIVE OF KIDS ADVENTURE																			
PARENT OR LEGAL GUARDIAN SIGNATURE																			
	<table border="1"> <thead> <tr> <th></th> <th>Weekl y or M onthly</th> <th>Discou nt Type / Amou nt</th> <th>Classr oom</th> <th>Total Tuition</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Weekl y or M onthly	Discou nt Type / Amou nt	Classr oom	Total Tuition													
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Monday																			
Tuesday																			
Wednesday																			
Thursday																			
Friday																			
Childs Name:																			
Birth Date:																			
Today's Date:																			
1. How many wet diapers a day approx.:																			
2. How often does your child have a bowel movement:																			
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																			

Date(Toilet planing)	
Center Representative:	
Daytime Phone# :	
DateToilet planing 2	
Signature (Toilet planing)	
Child's Name:	
Classroom:	
Contact 1 Name	
Contact 1 Cell Phone #	
Email 1	
Contact 2 Name	
Contact 2 Cell Phone #	
Email 2	