

Kids' World Enrollment Application

Center Attending		Term. Do	ate	
			P / D	
Parent Information (If other Parent is living a Last Name		mplete Parent Information #2)) Name(s)		
Street Address	Parent Situation:	Married Living Together Sepa	rated Divorced Single	
City	Zip Code	Home Phone	Other Phone	
Work Location(s)& Phone Number(s)		Email address		
Parent Information 2 Last Name	First	Name(s)		
Street Address	Parent Situation:	Married Living Together Sepa	rated Divorced Single	
City	Zip Code	Home Phone	Other Phone	
Work Location(s)& Phone Number(s)		Email address		
Child #1 Information Last Name	GIRL / BOY First Nam		Reg.	Fee
Date of Birth Classroom	School Attended	Special Needs Aller	gies	

For Office Use Only

Start Date

Child #2 Information Last Name	(GIRL / BOY	st Name			Reg. Fee
Last Name		THE	ot ivallie			Neg. 1 ee
Date of Birth	Classroom	School Atten	ded	Special Needs	Allergies	
Child #3 Information Last Name	(GIRL / BOY	st Name			Reg. Fee
- Last Hame			, c rraine			ineg. rec
Date of Birth	Classroom	School Atten	ded	Special Needs	Allergies	
				J [
Child #4 Information	(GIRL / BOY	t Nama			Pog Foo
Last Name		Firs	st Name			Reg. Fee
Date of Birth	Classroom	School Atten	ded	Special Needs	Allergies	
]		
]					
Family Doctor			Fam	ily Dentist		
Name:			Nai	me:		
Phone Number:			Pho	ne Number:		
*Address:			*Ac	Idress:		
	*F	Required by the DEL,	Washington	State Childcare Licensin	ng	
Family Hospital & Health	Insurance Policy Nar	ne and Number				
, ,	,					
Local Emergend	cy Contact			Local Emergenc	y Contact	
Name:			Name	e:		
Relationship:			Relat	ionship:		
Phone:			Phon			cell home work
	cell aho	me □work				□cell □home □work
Authorized pick up? 🗆 yes	; □ no		Auth	orized pick up? □ ye	es 🗆 no	
Local Emergend	cy Contact			Local Emergenc	y Contact	
Name:			Nam	e:		
Relationship:		I	I	tionship:		
Phone:						□cell □home □work
	cell aho					□cell □home □work
Authorized pick up? □ ye	es □ no		Auth	norized pick up? 🗆 y	es 🗆 no	

Picture ID is required; we cannot release children to persons less than 18 years of age, or to anyone without your prior consent.

*Please list at least one authorized pick-up that is NOT one of the child's parents; in case the parent is unavailable.