



## New Enrollment Form

Beginning Date: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Class: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Schedule: \_\_\_M\_\_\_T\_\_\_W\_\_\_TH\_\_\_F Arrival Time: \_\_\_\_\_ Pick Up \_\_\_\_\_ Hours \_\_\_\_\_

Address: \_\_\_\_\_  
City State zip

Mother's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Are you interested in serving as a substitute or as a class assistant? \_\_\_\_\_

\$100 Insurance and Registration Fee is Non-Refundable, due each year at time of Registration  
Security Deposit, one month due at Registration  
Please refer to the Tuition Policy for further details

**WEEKLY TUITION IS:** \_\_\_\_\_

**PARENTS' SIGNATURES**

Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Father: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Emergency Contact Card

Persons Authorized to Assume Responsibility for the Child if the Parents are Not Available and Must be able to get to Kidoodle within ½ hour.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
City State zip

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
City State zip

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Address: \_\_\_\_\_  
City State zip

Phone: \_\_\_\_\_

By my signature, I attest the following:

- ❖ That the above information is correct.
- ❖ That in a medical emergency, I authorize Kidoodle Learning Center, Inc. to seek emergency medical care for my child as deemed necessary by the Director.
- ❖ That I have received and read the Parent Handbook.
  1. Guidelines for Positive Discipline.
  2. Policy on the Release of Children.
  3. DYFS Statement.

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**Parent's Signature**

### **CUSTODIAL INFORMATION:**

**If a non-custodial parent is not included among those authorized by the custodial parent to pick up the child, please explain and attach a copy of the appropriate documents. (Court Order).**

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