

KOHL STREET KIDS ENROLLMENT AND EMERGENCY INFORMATION

Child's Name _____ Birthdate _____ Age & Grade _____

Address _____ City _____ Zip Code _____

Home Phone (or N/A) _____ Enrollment Date _____ New or returning? _____

Parent/Guardian #1

Name _____ Relationship _____ Cell Phone _____

Address _____ City _____ Zip Code _____

Email address _____ Employer _____

Employer Address _____ Work Phone _____

Parent/Guardian #2

Name _____ Relationship _____ Cell Phone _____

Address _____ City _____ Zip Code _____

Email address _____ Employer _____

Employer Address _____ Work Phone _____

Please * the best way to contact each parent or guardian during KSK hours.

Emergency Contacts: People other than parent/guardian to be notified in an emergency situation when parent or guardian is not available. Emergency contact person must be allowed to pick up your child. Please list two.

Emergency Contact #1 Name _____ Relationship _____

Address _____ Cell Phone _____

Home Phone (or N/A) _____ Work Phone _____

Emergency Contact #2 Name _____ Relationship _____

Address _____ Cell Phone _____

Home Phone (or N/A) _____ Work Phone _____

Names of people other than parent/guardian or emergency contact who are authorized to pick up child from KSK. Listing names here does not give parental permission to pick up. Permission must be given by parent as needed.

1. Name _____ Relationship _____

Work/Home phone _____ Cell Phone _____

2. Name _____ Relationship _____

Work/Home phone _____ Cell Phone _____

3. Name _____ Relationship _____

Work/Home phone _____ Cell Phone _____

Medical and Emergency Information

Food Allergies _____ Other Allergies _____

Health Concerns _____

Other conditions KSK staff need to be aware of _____

Immunization Records are required before child's first day at KSK and current General Health Appraisal from physician's office within 30 days of enrollment.

Physician's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

Hospital preferred for emergency treatment Hospital _____

Address _____ Phone _____

I give permission to Kohl Street Kids staff to secure emergency medical and/or surgical treatment for _____ when parents/guardians are unavailable, while in the care of Kohl Street Kids. Signature _____

What other information about your child would be helpful to KSK staff?

- _____ My child has permission to watch G rated movies.
- _____ My child has permission to watch PG rated movies.
- _____ Kohl Street has permission to photograph my child for use in the center.

The above information is true and correct to the best of my knowledge. To be in compliance with the State of Colorado, all information requested on this form must be provided. I understand that it is my responsibility to inform the center in writing of any changes to the above information.

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

For future years: I have thoroughly reviewed and made the necessary updates to the above information.

Print name and signature _____ Date _____

Print name and signature _____ Date _____

Print name and signature _____ Date _____

Print name and signature _____ Date _____

Print name and signature _____ Date _____