



PROGRAM ENROLLMENT APPLICATION/EMERGENCY CONTACT/PARENTAL CONSENT FORM

CHILD PROFILE

Child's Full Name (first, middle, last)	Child's Nickname:	Social Security Number:
Child's Home Address (City, State, Zip Code)		Date care is to begin:
		Birthdate: Age: Sex:

PARENTAL/GUARDIAN INFORMATION

	Mother or Legal Guardian #1	Father or Legal Guardian #2
Name:		
Street Address:		
City, State, Zip Code:		
Social Security Number:		
Driver's License:		
Home Telephone Number:		
Home Telefax Number:		
Home E-mail Address:		
Cell Phone Number:		
Pager Number:		
Employer:		
Employer Street Address:		
Employer City, State, Zip:		
Employer Telephone Number:		
Employer Telefax Number:		
Employer E-mail Address:		

Emergency Contacts Other Than Parents/Guardian

Name:	Telephone	Relationship

Persons To Whom Child May Be Released To Other Than Parents/Guardian

Name:	Telephone	Relationship

Physician/Medical Care Provider

Physician/Medical Care Provider:	Telephone:
Address:	Email:
Medical/Dietary Information	Allergies
Special Information	Medication
Health Insurance Coverage	Policy Number

Approval: Emergency Med Care Admin Minor First Aid Transport Med Facility Walk/Trips

Parent/Guardian Signature: _____ Date: _____

CREATIVE KIDS CLUB BUSINESS OFFICE USE ONLY

Fees, Tuition & Charges	Amount	Check #	Credit Approval	IMPORTANT: BY SIGNING THIS ENROLLMENT APPLICATION THE CLIENT IS AGREEING TO THE TERMS & CONDITIONS OF THE CHILD CARE SERVICE AGREEMENT.
Registration Fees				
Security Deposit				
Tuition - Week Of				
Other Charges				