Kiddie Korner LLC

Daycare Center and Preschool
Enrollment Form

Student Information

Name: _____ Nickname:_____
Last First Middle
Address: _____ City: _____ Zip: _____
Phone: (____)_____ Birth date: _____ Gender: M F
Language(s) spoken in the home_____

Parent/Guardian Information

Mother's name: _____ Father's name: _____
Address: _____ Address: _____
City, state, zip: _____ City,state,zip: _____
Home phone: (_____)_____ Home phone: (_____)_____
Cell phone/pager:(_____)_____ Cell phone/pager(_____)_____
Email Address: _____ Email Address: _____
Employer: _____ Employer: _____
Work phone: (_____)_____ work phone: _____
Student Lives with: (check one)
__Mother/father __Mother only __Father only __Mother/stepfather
__Father/stepmother __Guardian (relatationship_____)
__Access to child is legally restricted. (A copy of court order must be on file)

Emergency Information

Please list persons other than the parents who could pick up your child. We will attempt to call parents first.

Emergency Contact 1: _____ Daytime phone: (____)_____
Emergency Contact 2: _____ Daytime phone: (____)_____

Sibling Information

List all other siblings at home.
Name: _____ Birth date: _____ Kiddie Korner?: Y N
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Name: _____ Birth date: _____ Kiddie Korner?: Y N
Please list hours and days of care you will be needing.:
_____