

Kid-Doodles Learning Center Enrollment Application

Child's Name:		
Address:		
Birth date:	Sex:	Enrollment Date:
Mothers Name / Legal Guardian:		Phone:
Address:		
Business Name / Phone Number:		Email Address:
Address:		
Fathers Name / Legal Guardian:		Phone:
Address:		
Business Name / Phone Number:		Email Address:
Address:		
Family Dr:	Address:	Phone #:

In the event we cannot be reached please call (these individuals are authorized to pick up my child(ren):

Name:	Relationship to Child:	Address:	Phone:

List any Allergies: (insect bites, food allergies, etc.)

List any disabilities or special needs:

My child's schedule will be:	Monday	Tuesday	Wednesday	Thursday	Friday
My hours will be:	Drop off: _____		Pick Up: _____		
My child's class will be:	Infants	Waddlers	ToddlersPreschool	School Age	

*In the event that I cannot be reached in an emergency I authorize the facility director or designated staff person to take my child to **Abington Memorial Hospital***

Signature Parent / Legal Guardian

Date

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55PA CODE CHAPTERS 3270 124(a)(b) 3270 1817182 3280 124 (a)(b) 3280 181 & 182 3290 124 (a)(b) 3290 181 & 182

Child's Name		Birth Date	
Address			
Mothers Name / Legal Guardian		Home Phone	
Address			
Business Name and Phone Number		EMAIL ADDRESS	
Address			
Fathers Name / Legal Guardian		Home Phone	
Address			
Business Name and Phone Number		EMAIL ADDRESS	
Address			
Emergency Contact Person (Name)		Telephone # When Child is In Care	
Person(s) to whom child may be released (name)	Address	Telephone # When Child is In Care	
Name of child's physician / medical care provider		Phone Number	
Address			
Special disabilities (if any)		Allergies including medication reaction	
Medical or dietary information necessary in an emergency		Medication special conditions	
Additional information of special needs of child:			
Health Insurance coverage or Medical Assistance Benefits		Policy Number	
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
Obtaining Emergency Medical Care		Admin. Of Minor First Aide Procedures	
Walks and Trips		Swimming N/A	
Transportation by Facility		Wading N/A	
Periodic Review			
Signature of Parent		Date	
Signature of Parent		Date	

Contract/Fee Agreement

55 PA CODE CHAPTERS 3270.123 & 181(C); 3280.123 & 181(c); 3290.123 & 181(c)

Name of Family: _____

Fee Amount (per week): _____

Arrival time: _____

Departure time: _____

Person(s) to whom child may be released:

Late Fee: \$1.00 per minute after 6:00pm

Payment is due every Wednesday for the following week. All payments are to be submitted. Failure to submit payments will result in a \$5.00 per day late fee, including weekends. If payment is not received within 2 weeks it could result in termination. Days are not to be substituted due to Center closings or illness. If you are contracted for a day that we are closed you are still responsible for payment.

Parent / Guardian Signature: _____ Date _____

I, the Parent / Guardian:

Parent / Guardian Initial's

_____ Received complete written program information at the time of enrollment (3270.121, 3280.121.3290.121)

_____ Agree to update the emergency contact / parental consent form information whenever changes occur or every 6 months at Minimum. (3270.124, 3280.124, 3290.124)

Parent / Guardian Signature: _____ Date _____

Operator Signature: _____ Date _____

PERIODIC REVIEW

Date of Child Admission: _____

Date of Child Withdrawal: _____

Parent / Guardian Signature: _____ Date _____