



PARENT/GUARDIAN & CHILD INFORMATION SHEET
GENERAL INFORMATION

Mother/Guardian's Name (Last, First): *Note This Person Can Pick Up Anytime
Home Address: City, State Zip:
Place Of Employment: Address: City, State, Zip:
Work Phone #: Email Address:
Home Phone Number: Cell Phone Number:

Father/Guardian's Name (Last, First): [] Okay to Pick Up [] Live at Same Address
Home Address: City, State Zip:
Place Of Employment: Address: City, State, Zip:
Work Phone #: Email Address:
Home Phone Number: Cell Phone Number:

Child(ren):
1st Child's Name & DOB: 2nd Child's Name & DOB:
3rd Child's Name & DOB: 4th Child's Name & DOB:

PERSONS ALLOWED TO PICK UP & EMERGENCY CONTACTS (Other than Parent/Guardian)

CODE WORD:
(These Contacts picking up the above children, must provide the Code Word and Valid ID in order to assume responsibility if Parents are unavailable)
Name: Address: Phone #: Cell/Pgr #:
Okay To Pick Up Anytime: Yes [] No []

MEDICAL & DENTAL INFORMATION

Physician: Phone #:
Address: City, State, Zip:
Hospital of Choice: Phone #:
Address: City, State, Zip:
Dentist: Phone #:
Address: City, State, Zip:

Insurance Carrier & Policy #:
Any medical/allergy conditions to be aware of? Any dietary restrictions to be aware of?
EpiPen/Inhaler required Yes [] No [] I give permission for KT Staff to label my child with listed allergy while in center Yes [] No []
Any special needs we should be aware of?
I give permission for my child/toddler to rest on a mat? YES NO I give permission for my child to watch a movie? YES NO
I give permission for my child to watch a PG movie? YES NO

I GIVE MY CONSENT FOR THE ABOVE NAMED CHILD OR CHILDREN TO RECEIVE EMERGENCY MEDICAL OR DENTAL TREATMENT IN THE CARE OF A PHYSICIAN AND/OR HOSPITAL OR CLINIC AND I HAVE RECEIVED THE CENTER'S POLICIES & PROCEDURES AND WILL REVIEW THEM THOROUGHLY SO THAT I MAY UNDERSTAND THE RIGHTS AND PROTECTION OF MY CHILDREN AND THE POLICIES, PROCEDURES AND RULES OF THE CENTER.

Date of Enrollment: Signature of Parent/Guardian: Date:
First Year Review: Signature of Parent/Guardian: [] Received Immunization Letter Date:
Second Year Review: Signature of Parent/Guardian: [] Received Immunization Letter Date:
Third Year Review: Signature of Parent/Guardian: [] Received Immunization Letter Date:



Parent/Guardian Understanding Acknowledgement

KidsTown is an hourly based drop-in childcare center licensed through the State of Colorado; therefore, it is a state requirement that our license permits each child to stay at the center for a maximum of six (6) hours per day not to exceed fifteen (15) hours per week.

Families that exceed the center’s licensing requirement of six (6) hours per day will be provided a written warning that will be signed and kept in the family’s file. Families that receive more than four (4) written warnings in a 30-day calendar month will be suspended for 30 days.

Families that exceeds the six (6) hour limit by more than one (1) hour will result in immediate suspension of services for 30 days.

Payment/ Packages:

Payment for childcare, food and registration is due in full upon services rendered. All payments made for registration, snacks, meals, packages, etc., are not refundable, regardless of reason or circumstance.

Packages will expire 1-year from date of purchase. All rates are rounded to the nearest quarter for ease and to eliminate financial errors. Packages hours may be used at any time except during special promotions.

Packages are non-refundable. Unused package time will not be refunded.

Photo & Media Release:

I, (Parent’s name) _____, hereby grant permission to KidsTown and any other contractors or medial representatives used in promoting the center to photograph my child(ren). It is my understanding that this photograph/interview or portions thereof will be used for public view. I agree to participate in this project without financial remuneration, and I understand that this releases photographer/interviewer from any future claims, as well as any liability arising from the use of said photograph/interview.

I give permission for my child(ren) to be photographed? YES NO

Parent/Guardian Understanding Acknowledgement of KidsTown Policies & Procedures including Hourly Licensing Limits:

The child’s PARENT must complete after ONE YEAR of enrollment

I, (Parent’s name) _____, have received the Center’s Policies & Procedures and will review them thoroughly so that I may understand the rights and protection of my children and the policies, procedures, rules and regulation of the center. I have read and understand the Hourly Licensing Limits, procedures and penalties that are required by the State of Colorado. I understand that packages are non-refundable and expire under current policies and procedures.

Parent’s Signature _____ Date _____

The child’s PARENT must complete after the SECOND YEAR of enrollment

I, (Parent’s name) _____, have received the Center’s Policies & Procedures and will review them thoroughly so that I may understand the rights and protection of my children and the policies, procedures, rules and regulation of the center. I have read and understand the Hourly Licensing Limits, procedures and penalties that are required by the State of Colorado. I understand that packages are non-refundable and expire under current policies and procedures.

Parent’s Signature _____ Date _____

The child’s PARENT must complete after the THIRD YEAR of enrollment

I, (Parent’s name) _____, have received the Center’s Policies & Procedures and will review them thoroughly so that I may understand the rights and protection of my children and the policies, procedures, rules and regulation of the center. I have read and understand the Hourly Licensing Limits, procedures and penalties that are required by the State of Colorado. I understand that packages are non-refundable and expire under current policies and procedures.

Parent’s Signature _____ Date _____