

**REGISTRATION INFORMATION**

Family Name: \_\_\_\_\_ Code Word: \_\_\_\_\_ Admission Date \_\_\_\_\_

Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_

Membership 2006: Yes/ No  
 Primary email address for financial statement use:

**Child 1**

Firstname \_\_\_\_\_ M \_\_\_\_\_ Sex M E  
 Birthdate \_\_\_\_\_ Nickname \_\_\_\_\_  
 Distinctive Marks: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Hair Color: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_

**Child 2**

Firstname \_\_\_\_\_ M \_\_\_\_\_ Sex M E  
 Birthdate \_\_\_\_\_ Nickname \_\_\_\_\_  
 Distinctive Marks: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Hair Color: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_

**Child 3**

Firstname \_\_\_\_\_ M \_\_\_\_\_ Sex M E  
 Birthdate \_\_\_\_\_ Nickname \_\_\_\_\_  
 Distinctive Marks: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Hair Color: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_

	Father	Mother
Name		
Home Phone		
Work Phone		
Cell Phone		
Fax		
Email		
Employer		

If parents separated/divorced, child lives with: Both parents, Mother, Father, Legal Parent/Guardian  
 Is divorce or legal guardian paperwork Decree on file? Yes, No  
 If parents divorced, legal guardian is: Mother, Father, Legal Guardian

If legal guardian is not parent please fill in the following:

Legal Guardian \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Name:

The following people MAY NOT pick-up my child(ren) from Kidz Korner, Inc.

	Person 1	Person 2
Name		
Relation		
Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Phone		
Car (Make, Model, Tag)		

Note: Any person unfamiliar to me will be required to show proof of identification and state the code word. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

**PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATIONS AND EXTERNAL PREPARATIONS**

I hereby give Kidz Korner, Inc. Permission to apply one or more of the following external preparations to my child,  
\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_ in accordance with the directions for use on the container.

	Brand	Preparation
<u>Yes</u> , <u>No</u>		Baby wipes
<u>Yes</u> , <u>No</u>		Band-aids
<u>Yes</u> , <u>No</u>		Hand lotion, neosporin, bacitrician, or similar ointment
<u>Yes</u> , <u>No</u>		Bactine or similar first-aid spray
<u>Yes</u> , <u>No</u>		*Diaper ointment (such as A & D, desitin, vaselline, etc)
<u>Yes</u> , <u>No</u>		*Suntan Lotion or bug spray
<u>Yes</u> , <u>No</u>		*Other:

\* Must be provided by the parent.

I hereby request that Kidz Korner, Inc. administer one or more of the above external preparations in accordance with the directions on the container as needed. I release Kidz Korner, Inc. from any liability for administering these preparations.

<b>Child's Doctor</b> (or clinic):	Doctor	Dentist
Preferred Practitioner:		
Address:	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Telephone Number:		

Family Name:

**Emergency Contact/ Pick Up Information**

Please list the primary Parental Cell phone number that you would like to be called in the event of an emergency: \_\_\_\_\_

The following people HAVE permission to pick-up the child/children named below from Kidz Korner, Inc. and who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached: It is the parent's responsibility to notify me in writing of any changes.

	Emergency Contact/Pickup Person 1	Emergency Contact/Pickup Person 2
Name		
Relationship to child		
Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Home Phone		
Is this person authorized to make medical decisions for your child if you cannot be reached?		
	YES NO	YES NO

If the parents cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for the on-site supervisor of Kidz Korner, Inc. to obtain whatever treatment may be deemed necessary for:

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_ Child 3 \_\_\_\_\_

**Emergency Parental Consent** - When there is a medical emergency, or when a child needs immediate medical treatment, the on-site supervisor of Kidz Korner, Inc. will take all reasonable steps to see that the children in their care receive adequate medical care. When appropriate, Kidz Korner, Inc. will call the parent(s) and 911. In the event that transport to the nearest hospital is necessary it will be via ambulance.

I agree to promptly notify Kidz Korner, Inc of any changes of the above information. By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Kidz Korner, Inc.	Date