

Kids Kondo Child Enrollment & Medical Care Form

1253 North Highland Ave • Atlanta, GA 30306 • 404.897.1936 • fax 404.897.1008 • kidskondo.com • info@kidskondo.com

M – F 7:30am -5:30 pm

Enrollment Date

Today's Date

Child's Name

Gender

Age/ Birth Date

Home Address

Home Telephone

Father's Name

Father's Home Address {if different from child's}

Father's Place of Employment

Address

Work phone:

Cell Phone:

Email:

Mother's Name

Mother's Home Address {if different from child's}

Mother's Place of Employment

Address

Drivers License #

Social Security #

Work:

Cell:

email:

Child's Living Arrangements: () Both Parents () Mother () Father () other

Child's Legal Guardian(s): () Both Parents () Mother () Father () other

The child may be released to the person(s) signing this agreement or to the following:

1. Name, _____ Phone number _____, Address City, State, Zip,

Relationship to child Relationship to parent(s) or guardian Other identifying information, if any :

2. Name, _____ Phone number _____

Address City, State, Zip _____

Relationship to child Relationship to parent(s) or guardian Other identifying information, if any _____

3. Name, _____ Phone number _____

Address City, State, Zip _____

Relationship to child Relationship to parent(s) or guardian Other identifying information, if any _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name Telephone(s)

1 _____

2 _____

3 _____

Name of public or private school child attends, if any _____

Child's doctor or clinic name _____

Telephone _____

My child has the following special needs: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the

center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing _____

illness, allergies (food, insect, medications, etc.) or health concerns:

EMERGENCY MEDICAL AUTHORIZATION

Should _____ suffer an injury or illness while in the care of Kids Kondo

Child's Name

Date of Birth

and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Director/Person-In-Charge

Date