Child's Record

Today's Date: _____ Child's Date of Birth: _____

Child's Name: _____

Address: _____

Nick Name: _____

Elementary School Name: _____ Grade: _____

Mother's Name: _____

Mother's Address: _____

Mother's Home Phone: _____ Work Phone: _____

Mother's Cell Phone: _____ Email: _____

Mother's Employer: _____

Father's Name: _____

Father's Address: _____

Father's Home Phone: _____ Work Phone: _____

Father's Cell Phone: _____ Email: _____

Father's Employer: _____

Emergency Contacts (besides parents)

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Daily Care day(s): _____ Times (to-from): _____

Allergies: _____

Illness: _____

Fears: _____

Food dislikes: _____

Unusual conditions to consider: _____

_____

_____

Supervision Needs: _____

Toilet Trained: Yes No

Physician Information

Name: _____ Phone: _____

Dentist Information

Name: _____ Phone: _____

Only the following person(s) may remove my child(ren) from care without previous notice:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

KIDDIE KOLLEGE
CHILD'S RECORD FOR TRANSPORTATION

CHILD'S NAME:_____ DATE OF BIRTH_____

ADDRESS_____

HOME PHONE #_____ MOM CELL#_____ DAD CELL#_____

MOM'S WORK PLACE_____ MOM WK#_____

DAD'S WORK PLACE_____ DAD WK#_____

IN CASE OF EMERGENCY (BESIDES PARENTS) NAME(S) AND PHONE NUMBER:
(MUST LIST AT LEAST ONE PERSON)

NAME:_____ PHONE#_____

NAME:_____ PHONE#_____

NAME:_____ PHONE#_____

AUTHORIZATION TO TRANSPORT:
I HEREBY GIVE KIDDIE KOLLEGE PERMISSION TO TRANSPORT MY CHILD WHILE HE/SHE IS IN THE CARE OF THE FACILITY.

_____ _____
PARENT SIGNATURE DATE

AUTHORIZATION FOR MEDICAL TREATMENT:
IN THE CASE OF SUDDEN ILLNESS OR OTHER SERIOUS MEDICAL EMERGENCY AND I CANNOT BE REACHED, I HEREBY AUTHORIZE THE PERSON IN CHARGE TO CALL MY PHYSICIAN OR TAKE MY CHILD TO THE NEAREST EMERGENCY CLINIC.

_____ _____
PARENT SIGNATURE DATE

Kiddie Kollege Consent & Authorization Form

For field trips inside Cheyenne City limits, I hereby give Kiddie Kollege permission to transport my child while he/she is in the care of the facility.

_____ _____
Parent's Signature Date

I hereby relieve Kiddie Kollege as a consideration of all legal obligation while our child is in the facility or attendance except in the case of negligence of the school.

_____ _____
Parent's Signature Date

In case of a sudden illness or other serious medical emergency and I cannot be reached, I hereby authorize the person in charge to call my physician or to take my child to the nearest emergency clinic.

_____ _____
Parent's Signature Date

I heave read the parent handbook and hereby agree to the terms and conditions stated therein.

_____ _____
Parent's Signature Date

By initialing, you also agree to the following terms and conditions:

_____ Kiddie Kollege incurs expenses on a daily basis whether or not your child is in attendance. NO refunds will be given for illness, vacations, or snow days. You will have to pay the full tuition. After a year of continuous enrollment, parents will be given one week sick/vacation per calendar year.

_____ Parent's will be charged $1.00 per minute per child after 6:00 p.m.

_____ A two-week written notice must be given to Kiddie Kollege prior to the child being withdrawn from the school. If a two week notice is not given, the parent and/or guardian will be charged for the two weeks.

KIDDIE KOLLEGE WEB SITE

KIDDIE KOLLEGE HAS PERMISSION TO POST PICTURES OF MY CHILD ON THE WEB SITE KIDDIEKOLLEGECHEYENNE.COM

_____

CHILD'S NAME

_____ _____

PARENT SIGNATURE DATE

FACE BOOK

KIDDIE KOLLEGE HAS PERMISSION TO POST PICTURES OF MY CHILD ON FACE BOOK

_____

CHILD NAME

_____ _____

PARENT SIGNATURE DATE

SUNSCREEN APPLICATION CONSENT FORM

CHILD'S NAME:_____

CONTINUOUS SPRAY SUNSCREEN 15 OR GREATER WILL BE APPLIED TO YOUR CHILD FOR ANY AFTERNOON OUTSIDE ACTIVITIES.

THE FIRST MORNING APPLICATION MUST BE DONE AT HOME

PARENTS SIGNATURE_____ DATE:_____