

# Kid's Kampus North Child Care Center

2533 North 12<sup>th</sup> Abilene, TX 79603  
325-232-6750      kknabilene@gmail.com

<b>Enrollment Date:</b>
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**Child Information:**

<b>Name</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Age:</b>	<b>Date of Birth:</b>
<b>Address, City, State, Zip</b>		<b>Phone Number</b> (    )	
<b>School Name (If applicable)</b>		<b>Grade (If applicable)</b>	

**Parent/Guardian Information:**

<b>Primary Parent/Guardian</b>	<b>Relationship to Child</b>	<b>Contact Phone</b> (    )
<b>Address, City, State, Zip</b>		
<b>Place of Employment</b>	<b>Business Phone</b> (    )	
<b>Email Address: (Required)</b>		
<b>Secondary Parent/Guardian</b>	<b>Relationship to Child</b>	<b>Contact Phone</b> (    )
<b>Address, City, State, Zip</b>		
<b>Place of Employment</b>	<b>Business Phone</b> (    )	
<b>Email Address: (required)</b>		

**It is mandatory to name one person in case of an EMERGENCY if a parent cannot be reached.**

Name	Phone	Address	Relationship to child:
<b>Other authorized persons for pick-up (must present an ID when picking up)</b>			
<b>Name:</b>	<b>Phone:</b>		
<b>Name:</b>	<b>Phone:</b>		
<b>Name:</b>	<b>Phone:</b>		
<b>Name:</b>	<b>Phone:</b>		

**THIS SECTION IS FOR SCHOOL AGE CHILDREN ONLY**

My child attends the following school:

School name and address	School Phone#
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His or her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and hearing screening records are also current and on file at my child's school.

**Parent or Guardian Initials** \_\_\_\_\_

**Authorization for Emergency Medical Attention**

In the event that I cannot be reached to make arrangements for emergency medical attention I authorize the facility director or person in charge to call an ambulance to transport my child to the hospital circled below.  
(THIS IS REQUIRED) Please circle one

Abilene Regional Medical Center  
6250 HWY 83/84  
325-695-9900

Hendrick Medical Center  
1242 North 19<sup>th</sup>  
325-670-2000

I give consent for necessary emergency treatment when my child is in the care of the above physician and/or hospital/clinic.

\_\_\_\_\_  
**Signature – Parent or Guardian**

<b>Name of Physician:</b>	<b>Address:</b>	<b>Phone:</b>
List any of your child's special problems or needs such as allergies, illness, injuries, medication prescribed long-term and any other information of which staff should be aware of. If your child has any food allergies, an allergy plan must be filled out with the office prior to attending.		

<b>CIRCLE ALL THAT APPLY:</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give <input checked="" type="checkbox"/> consent for my child to be transported and supervised by the operation's employees:					
1. <b>TRANSPORTATION:</b>	<input type="checkbox"/> Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school					
2. <b>FIELD TRIPS:</b>	I hereby <input type="checkbox"/> consent for my child to be transported and supervised by the operation's employees:					
Parent's Comments:	<b>Kid's Kampus does not conduct field trips or water activities at this time.</b>					
3. <b>WATER ACTIVITIES:</b>	I hereby <input type="checkbox"/> consent for my child to be transported and supervised by the operation's employees: play					
4. <b>RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>						
<input type="checkbox"/> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.						
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE: Circle all that apply						
None	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:						
Mondays	from:	to:	Other: (Please explain)			
Tuesdays	from:	to:				
Wednesdays	from:	to:				
Thursdays	from:	to:				
Fridays	from:	to:				
Saturdays	from:	to:				
Sundays	from:	to:				

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

\_\_\_\_\_  
**Signature – Parent or Guardian**

\_\_\_\_\_  
**Date**

<p><b>Items required before attending:</b></p> <ul style="list-style-type: none"> <li>• Enrollment Form</li> <li>• Up-to-date immunization records (does not apply to school age children)</li> <li>• Health Statement from child's physician (does not apply to school age children)</li> </ul> <p><b>There will be no exceptions with this policy. Thank you for your cooperation!</b></p>
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