



Kids' World Enrollment Application

Center Attending

For Office Use Only

Start Date

Term. Date

P / D

Parent Information (If other Parent is living at a different address, please complete Parent Information #2))

Last Name

First Name(s)

Street Address

Parent Situation: Married Living Together Separated Divorced Single

City

Zip Code

Home Phone

Other Phone

Work Location(s) & Phone Number(s)

Email address

Parent Information 2

Last Name

First Name(s)

Street Address

Parent Situation: Married Living Together Separated Divorced Single

City

Zip Code

Home Phone

Other Phone

Work Location(s) & Phone Number(s)

Email address

Child #1 Information

GIRL / BOY

Last Name

First Name

Reg. Fee

Date of Birth

Classroom

School Attended

Special Needs

Allergies

Child #2 Information

GIRL / BOY

Last Name

First Name

Reg. Fee

Date of Birth

Classroom

School Attended

Special Needs

Allergies

Child #3 Information

GIRL / BOY

Last Name

First Name

Reg. Fee

Date of Birth

Classroom

School Attended

Special Needs

Allergies

Child #4 Information

GIRL / BOY

Last Name

First Name

Reg. Fee

Date of Birth

Classroom

School Attended

Special Needs

Allergies

Family Doctor

Family Dentist

Name: _____
 Phone Number: _____
 *Address: _____

Name: _____
 Phone Number: _____
 *Address: _____

***Required by the DEL, Washington State Childcare Licensing**

Family Hospital & Health Insurance Policy Name and Number

Local Emergency Contact

Local Emergency Contact

Name: _____
 Relationship: _____
 Phone: _____ cell home work
 _____ cell home work
 Authorized pick up? yes no

Name: _____
 Relationship: _____
 Phone: _____ cell home work
 _____ cell home work
 Authorized pick up? yes no

Local Emergency Contact

Local Emergency Contact

Name: _____
 Relationship: _____
 Phone: _____ cell home work
 _____ cell home work
 Authorized pick up? yes no

Name: _____
 Relationship: _____
 Phone: _____ cell home work
 _____ cell home work
 Authorized pick up? yes no

Picture ID is required; we cannot release children to persons less than 18 years of age, or to anyone without your prior consent.

Please list at least one authorized pick-up that is NOT one of the child's parents; in case the parent is unavailable.