



Kelly Early Education Center Enrollment Packet

Child Information

Registration Date: _____

1st Child					
Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____		Social Security #
Existing medical conditions, medications and/or special attention your child may require					

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes? Yes No

2nd Child					
Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____		Social Security #
Existing medical conditions, medications and/or special attention your child may require					

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes? Yes No

3rd Child					
Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____		Social Security #
Existing medical conditions, medications and/or special attention your child may require					

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes? Yes No

Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address	Work Phone		Cell Phone	
Occupation	Employer	Work Address	Work Hours	
2nd Primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address	Work Phone		Cell Phone	
Occupation	Employer	Work Address	Work Hours	
Which Guardian Should be Called First?		Home Phone	Preferred language for written communication:	
Home Resident Street Address		Apt #	City	Zip Code
Mailing Address (if different than above)		Apt #	City	Zip Code

Second Guardian Information

Non-primary custodial parent

1st Non-primary Guardian					
Last Name	First Name	M.I.	Relationship to Child		
Email Address	Work Phone		Cell Phone		
2nd Non-primary Guardian					
Last Name	First Name	M.I.	Relationship to Child		
Email Address	Work Phone		Cell Phone		
Which Guardian Should be Called First?		Home Phone	Should mailings be sent to this household also? [] Yes [] No		
Second Household Mailing Address		Apt #	City	State	Zip Code

Additional Comments & Information: _____

Emergency Contacts and Authorized Pickups

1st Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

2nd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

3rd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

Additional Comments and Information

Is there is any other information that would be helpful to our management and teaching staff?

Signature

Parent / Guardian Signature

Date