

**LITTLE KIDS VILLAGE
ENROLLMENT FORM**

DATE OF ENROLLMENT _____

CHILD'S NAME _____ D.O.B. _____ SEX M F

MOTHER
GAURDIAN _____ ADDRESS _____

MOTHERS HOME PHONE _____

MOTHERS CELL PHONE _____

EMPLOYER
ADDRESS _____
PH _____ DAYS OF WORK M T W T F
HOURS _____

FATHER
GAURDIAN _____ ADDRESS _____

FATHERS HOME PHONE _____

FATHERS CELL PHONE _____

EMPLOYER
PH _____ DAYS OF WORK M T W T F
HOURS _____

PERSONS AUTHORIZED BY PARENT TO PICK UP CHILD (INDICATE RELATIONSHIP)

NAME _____
RELATIONSHIP _____ ADDRESS _____ PH _____

NAME _____
RELATIONSHIP _____ ADDRESS _____ PH _____

NAME _____
RELATIONSHIP _____ ADDRESS _____ PH _____

NAME _____
REALATIONSHIP _____ ADDRESS _____ PH _____

NAME _____
RELATIONSHIP _____ ADDRESS _____ PH _____

NAME _____
RELATIONSHIP _____ ADDRESS _____ PH _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY

NAME _____ ADDRESS _____ PH _____

I AUTHORIZE LITTLE KIDS VILLAGE TO PROVIDE 1ST AID TREATMENT TO MY CHILD IN CASE OF AN ACCIDENT. I ALSO AUTHORIZE THE SCHOOL IN MY ABSENCE TO CALL EMERGENCY 911 TO HAVE MY CHILD TRANSPORTED TO THE MOST APPROPRIATE MEDICAL FACILITY, AS WELL AS CONSENT FOR MEDICAL TREATMENT OF MY CHILD AT SAID FACILITY. A STAFF PERSON FROM THE CENTER WILL ACCOMPANY THE CHILD AND PARENTS WILL BE NOTIFIED IMMEDIATELY IN CASE OF AN EMERGENCY.

AS PARENT, I WILL NOTIFY THE CENTER OF ANY CHANGES TO MY ADDRESS, EMPLOYER, WORK SCHEDULE, WORK HOURS, AND PHONE NUMBERS.

I HAVE RECEIVED A COPY OF THE PROGRAMS PARENT HANDBOOK, GUIDANCE AND DISCIPLINE POLICY. I ACCEPT AND UNDERSTAND ALL POLICIES AND PROCEDURES. I GIVE CONSENT FOR MY CHILD TO GO ON FIELD TRIPS WITH THE CENTER (A CHARTER BUS WILL BE PROVIDED FOR ALL FIELD TRIPS). I ALSO GIVE PERMISSION FOR MY CHILD TO GO ON NEIGHBORHOOD WALKS, TRIPS TO THE PARK, WATER PLAY, AND PLAYGROUND ACTIVITIES. I ALSO GIVE CONSENT FOR THE PROGRAM TO VIDEOTAPE, FILM, AND TAKE PICTURES OF MY CHILD FOR RECREATIONAL, PROMOTIONAL, OR SECURITY PURPOSES. I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN PRAYER BEFORE MEALS.

PARENT/GAURDIAN SIGNATURE _____ DATE _____

DIRECTOR _____ DATE _____



**LITTLE KIDS VILLAGE
P.O. BOX 29632
CHICAGO IL .60229**

DATE _____

CHILD'S NAME _____

DATE OF BIRTH _____

GAURDIAN'S NAME _____

GAURDIAN'S NAME _____

CHECK THE ONE THAT APPLIES TO YOUR CHILD:

_____ **INFANT (AGE 6 WEEK THRU 2 YEARS)**

_____ **PRE-K OR KINDERGARTEN (AGE 3 THRU 6)**