

# Enrollment Agreement

## Child / Children Enrolled

Date of Enrollment: \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

## Family Information

### A. Parent or Lawful Custodian

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Parent Marital Status: \_\_\_\_\_

4. Religious Preference: \_\_\_\_\_

### B. Parents' or Lawful Custodian's Employment & Contact Information

#### Mother

#### Father

A. Name: \_\_\_\_\_

A. Name: \_\_\_\_\_

B. Employer: \_\_\_\_\_

B. Employer: \_\_\_\_\_

C. Working Days (Circle) M T W T F

C. Working Days (Circle) M T W T F

D. Working Hours:

D. Working Hours:

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

E. Work Phone: \_\_\_\_\_

E. Work Phone: \_\_\_\_\_

F. Cell Phone: \_\_\_\_\_

F. Cell Phone: \_\_\_\_\_

G. Home Phone: \_\_\_\_\_

G. Home Phone: \_\_\_\_\_

H. Email: \_\_\_\_\_

H. Email: \_\_\_\_\_

**Medical Contact**

Family Doctor: \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Authorized Pickup and Emergency Contacts**

A. The following people have my permission to pick up my child from REAL Kids. You may release my child to them:

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

B. Emergency Contacts and Phone Numbers: **If same as above place checkmark here**

**Name**

**Home Phone**

**Cell or Work Phone**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Authorization & Agreements**

**Your initials  
Indicate Agreement**

**A. I agree that:**

1. My child has my permission to use all of the play equipment and participate in all of the activities provided (If exceptions, explain below)..... \_\_\_\_\_
2. My child may be transported by provider, staff or volunteers..... \_\_\_\_\_
3. Provider will be notified promptly of any changes in family that would affect my child's attendance, activities or behavior. (This includes updating information on this form – **especially phone numbers.**)..... \_\_\_\_\_
4. REAL Kids personnel will be notified **the day before or first thing in the morning if my child will not be in attendance on a contracted day.** You may leave a text message or phone call with Lisa at 570-1298 or send an email to [ljivoss@att.net](mailto:ljivoss@att.net) ..... \_\_\_\_\_
5. My child will be here by **7:15 a.m.** if he/she will be eating breakfast..... \_\_\_\_\_
6. My child will be picked up by closing time (**6:00 p.m**) ..... \_\_\_\_\_
7. Payment for child care services will be made **the Friday prior** to care given ..... \_\_\_\_\_
8. I grant permission to the provider to use my child's photo or video for promotional purposes..... \_\_\_\_\_
9. I have read the Handbook and agree to abide by all its terms and conditions..... \_\_\_\_\_

**Signature(s):**

Parent or Lawful Custodian _____	Date Signed _____
Parent or Lawful Custodian _____	Date Updated _____
Parent or Lawful Custodian _____	Date Updated _____
Parent or Lawful Custodian _____	Date Updated _____
Parent or Lawful Custodian _____	Date Updated _____
Parent or Lawful Custodian _____	Date Updated _____