



ENROLLMENT APPLICATION

| CHILD INFORMATION | | | | | | | | | |
|--|-----|---------------|--------------|-------------------------|-----------------|--|-----------------|-----------------------|--|
| LAST NAME | | MIDDLE NAME | | FIRST NAME | | | | | |
| STREET ADDRESS | | | CITY | | STATE, ZIP CODE | | | | |
| BIRTH DATE | AGE | M F SEX | PHONE NUMBER | SOCIAL SECURITY NUMBER | | | | | |
| MOTHER'S NAME | | FATHER'S NAME | | PARENT'S MARITAL STATUS | | | | | |
| REQUESTED START DATE | | MON | TUE | WED | THU | FRI | MON THROUGH FRI | FROM: _____ TO: _____ | |
| CIRCLE DAYS ATTENDING | | | | | | HOURS ATTENDING | | | |
| SPECIAL PHYSICAL OR EMOTIONAL CONDITIONS? ALLERGIES? | | | | | | CHILD RECEIVING ANY TREATMENT OR MEDICATION REGULARLY? | | | |
| DOCTORS NAME, ADD.& TEL: | | | | | | | | | |

| PARENT/GUARDIAN INFORMATION | | | | | |
|-----------------------------|--|--|-------------------|--|--|
| MOTHER / GUARDIAN | | | FATHER / GUARDIAN | | |
| NAME | | | NAME | | |
| ADDRESS | | | ADDRESS | | |
| CITY, STATE, ZIP | | | CITY, STATE, ZIP | | |
| DRI. LIC. NO. | | | DRI. LIC. NO. | | |
| OCCUPATION | | | OCCUPATION | | |
| WORK HOURS | | | WORK HOURS | | |
| EMPLOYER | | | EMPLOYER | | |
| ADDRESS | | | ADDRESS | | |
| CITY, ST, ZIP | | | CITY, ST, ZIP | | |
| WORK PHONE | | | WORK PHONE | | |
| HOME PHONE | | | HOME PHONE | | |
| CELL PHONE | | | CELL PHONE | | |
| E-MAIL ADDRESS | | | E-MAIL ADDRESS | | |

| EMERGENCY CONTACTS (BESIDES PARENTS) & AUTHORIZED PICK-UP PERSONNEL (PHOTO ID REQUIRED) | | | | | |
|---|--|--|------------------|--|--|
| NAME | | | NAME | | |
| ADDRESS | | | ADDRESS | | |
| CITY, STATE, ZIP | | | CITY, STATE, ZIP | | |
| TELEPHONE | | | TELEPHONE | | |
| RELATIONSHIP | | | RELATIONSHIP | | |

| | |
|--|-------|
| I (WE) AGREE TO PAY THE APPLICABLE TUITION FEE PER THE FEE SCHEDULE PROVIDED AND ABIDE BY THE RULES SET IN THE KMS PARENT HANDBOOK | |
| PARENT / GUARDIAN SIGNATURE: | DATE: |
| PARENT / GUARDIAN SIGNATURE: | DATE: |

| FOR OFFICIAL USE ONLY | | | |
|------------------------|-----------------------|-------------------|-----------|
| DATE ADMISSION GRANTED | STARTING DATE | WITHDRAWAL DATE | REASON |
| REGISTRATION FEE | WEEKLY TUITION AMOUNT | TOTAL AMOUNT PAID | DATE PAID |
| DIRECTOR SIGNATURE: | | DATE: | |