Kidz Korner Enrollment Checklist

The following items need to be provided no later than your child's first day at Kidz Korner:

- ☐ **Enrollment packet information**
- ☐ **Signed Parent Handbook Policy Agreement**
- ☐ **Copy of Birth Certificate**
- ☐ **Current copy of immunization records**
- ☐ **Child Care Health Record Form (to be complete by physician)**
- ☐ **Tuition deposit**
- ☐ **Supply fee**
- ☐ **1st weeks tuition**

Kidz Korner Childcare & Preschool

Enrollment Information

Date of Admission _____

Full name_____ Nickname _____

Home address _____ City _____State _____ ZIP_____

Date of Birth_____ Verification Document _____Gender _____

Primary Contact

Name _____Cell Phone _____

Home address _____ City _____State _____ ZIP_____

Home Phone _____ E-mail _____

Employer _____

Work Address _____ City _____State _____ ZIP_____

Work Phone _____ Work E-mail _____

Secondary Contact:

Name _____Cell Phone_____

Home address _____City _____State _____ ZIP_____

Home Phone _____ E-mail _____

Employer _____

Work Address _____ City _____State _____ ZIP_____

Work Phone _____ Work E-mail _____

Person(s) Having Custody of Child: _____

With whom does child live? (Check one or both and list name)

☐ Mother _____ ☐ Father _____

Court Orders: If a court order exists preventing a particular individual from having contact with a child, the center shall comply with the order. There shall be a copy of the court order in the child's file.

Parent's Signature _____ Date _____

Emergency record

Child's Name _____

Person to be contacted in the event of an emergency:

Primary Contact:

Name _____**Cell Phone** _____

Home address _____ City _____State _____ ZIP_____

Secondary Contact:

Name _____**Cell Phone** _____

Home address _____ City _____State _____ ZIP_____

Authorization and Consent for Medical Treatment

In the event that I cannot be reached or make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize Kidz Korner to take my child to:

Physician _____ Address _____ Phone_____

Dentist_____ Address _____ Phone_____

Hospital_____Address_____ Phone_____

Other_____Address_____ Phone_____

I hereby authorize the physician and/or hospital to administer any necessary treatment to my child. I give consent to transport my child by ambulance if the situation warrants it.

Allergies _____

Health Concerns _____

Other_____

Parent's Signature _____ Date _____

Person's Authorized to Pick up my Child

Child's Name _____

The individuals listed below are authorized to pick up my child or to assume responsibility for my child. In case of emergency, accident, or illness I give my permission for these individuals to be contacted.

Name _____**Cell Phone** _____

Home address _____ City _____State _____ ZIP_____

Name _____**Cell Phone** _____

Home address _____ City _____State _____ ZIP_____

Name _____**Cell Phone** _____

Home address _____ City _____State _____ ZIP_____

Name _____**Cell Phone** _____

Home address _____ City _____State _____ ZIP_____

Parent's Signature _____ Date _____

Intake Agreement

Child's Name _____

Please read carefully and circle the appropriate responses.

PHOTOGRAPHS, VIDEOS AND AUDIO TAPES: Permission is given to Kidz Korner/Kidz Kampus to take photographs, audio recordings, or video of my child in their program promotion, including newspapers, news bulletins, magazines, displays, and in training materials.	**Yes** **No**
In the event of a field trip, or other such activity, I give my permission for my child to be transported by Kidz Korner/Kidz Kampus in a motor vehicle.	**Yes** **No**
In the event of extracurricular activities, I understand that I will be informed prior to the activities and will sign written permission for my child to participate.	**Yes** **No**
I have received a copy of the Parent Handbook. I have read and understand its contents and policies and agree to be bound by same.	**Yes** **No**

Parent's Signature _____ Date _____

Getting to Know Your Child

General Information

Child's Name _____ Nickname _____

I have _____ brother(s) and _____ sister(s). Their names and ages are _____

_____.

I live with _____.

Has your child been in daycare before? ☐ Yes ☐ No

If yes, name of provider/center _____

Routines

Eating:

How would you describe your child's appetite: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

How do you handle child's refusal to eat? _____

_____

List any foods to eliminate due to allergy (also list on Allergy Form) _____

_____

Favorite foods_____

Least favorite foods _____

Any feeding problems? _____

Sleeping:

Sleeping through the night? ☐ Yes ☐ No	Approximate child bed time:	Wakes up:
Naps: From _____ to _____		
Any sleep problems? _____ Any special way of helping child get to sleep? _____		

Speech and Language Development

Does your child talk: ☐ Well ☐ Fairly Well ☐ Still learning ☐ Not at all

Any concerns? _____

Physical Development

Height: _____ Weight: _____

Is your child walking? ☐ Yes ☐ No ☐ In Process Is you child toilet trained? ☐ Yes ☐ No ☐ In Process

Does your child need help in: ☐ Dressing ☐ Undressing ☐ Toileting

Any concerns? _____

Social Relationships

Is your child's nature: ☐ Friendly ☐ Aggressive ☐ Shy ☐ Withdrawn ☐ Other_____

How does he/she get along with his/her siblings? _____

Has the child had previous group play experiences? _____

Does your child enjoy being alone? _____

How does he/she relate to adults? _____

What makes him/her mad or upset? _____

How does he/she show his/her feeling? _____

What do you find is the best way of handling these feelings? _____

Is he/she frightened by any of the following?

☐ Animals ☐ Tall People ☐ Loud noises ☐ Dark ☐ Storms ☐ Other? _____

Favorite toys, games or activities at home _____

Does he/she like to play outdoors? ☐ Yes ☐ No Can he/she ride a tricycle? ☐ Yes ☐ No

Does he/she have any security items? _____

Has he/she had experience with:

☐ Playdough ☐ Scissors ☐ Glue ☐ Easel Painting ☐ Blocks ☐ Books ☐ Sand ☐ Water Play

Parent's Signature _____ Date _____

Weekly Schedule

Child's Name _____

Date of Enrollment _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours					

Additional Information

_____

_____

_____

_____

HEALTH CARE PROGRAM FOR CHILD CARE CENTERS
CHILD CARE CENTER HEALTH RECORD

State Form 46969 (R4 / 2-15)

F83A - M302
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

Name of child (last, first)	Date of birth (month, day, year)	Date of admission (month, day, year)
Address (number and street, city, state, and ZIP code)		
Child lives with (relationship)	Name	Telephone number ( )

MEDICAL HISTORY			
Communicable Disease	**Month / Year**	**Condition**	**Explain if present**
		Allergies:	
		Handicapping conditions:	
Screenings	**Result / Date** (month, day, year)		
TB Risk / Symptom		Other:	
Developmental Screen			
Lead			

PHYSICAL EXAMINATION	
Date of exam (month, day, year)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (including sports)?

☐ Yes ☐ No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

☐ Yes ☐ No

(Over)

HISTORY OF IMMUNIZATIONS AND TEST (*indicate month / day / year*)

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RIGE)			

	1	2		
Varicella (Varivax)			or Chicken Pox Disease	Month / year

	1	2	3	4
Pneumococcal (PCV) (Prevnar)				

	1	2
HEP A		

	1	2	3
HBV (HEP B)			

* Recommended yearly.

Name of physician / nurse practitioner completing form (*please print*)	Telephone number ( )
Signature of physician / nurse practitioner	

ADDITIONAL NOTES AND INSTRUCTIONS