



**CHRIST THE KING
LEARNING AND GROWTH CENTER**

Child's Name: _____ Gender _____ Birthdate _____

Parent email: _____ Start Date: _____

| | Guardian 1 | Guardian 2 |
|------------------|------------|------------|
| Name | | |
| Home Address | | |
| | | |
| Email Address | | |
| Employer Name | | |
| Employer Phone # | | |
| Cell Phone # | | |

Person/s with whom the child lives: _____

Child's Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Individuals to contact in the case of an emergency/ authorized to pick up your child

_____ Phone #: _____
 _____ Phone #: _____
 _____ Phone #: _____
 _____ Phone #: _____

Does your child have any food allergies? No Yes _____

Does your child have any dietary restrictions? No Yes _____

Does your child have any special needs? No Yes _____

Does your child receive any special services? No Yes _____

Will your child receive services at the center? No Yes _____

Name of service provider and frequency _____ My child has permission to be released to the following individuals or transportation services in addition to the emergency contact person listed above. (Please notify all individuals that they may be asked to show proof of identity) Name Relationship

The fee for child care at _____ is \$ _____ per week for my child _____ Child care services begin on _____ (date) from _____ a.m. /p.m. to _____ a.m./p.m. I agree to be responsible for any additional costs associated with the collection of any fees for materials or late fees. I understand that my child will be dismissed if I do not provide the center with a current immunization certificate. I authorize this program and its representatives to get emergency medical treatment for my child if necessary.

Parent Signature: _____ Date: _____