

**Kiddies Korner Preschool
Child Development Center**

Application for Enrollment

(Please return with registration fee to hold the spot)

Child's Name: _____ Date of Birth: _____

Schedule: Full Day M T W Th F Half Day M T W Th F

Start Date: _____

Mother's Name: _____

Address: _____

City: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Father's Name: _____

Address: _____

City: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Emergency Contact # other than parents: (Person authorized to pick up the child)

Name: _____

Phone #: _____

Relationship: _____

Allergies or medical problems we should be aware of: (Conditions requiring special attention) _____

Parent Signature: _____ Date: _____

For Office Use Only

Start Date: _____ Director's Signature: _____