

Enrollment Information (Page 1 of 2)

Kid Fit 14744 Pebble Bend
Houston, TX 77068
(281) 537-1631

Emergency # _____

Child's Name _____ D.O.B. _____ Home # _____

Email: _____

Address _____ City & state _____ Zip Code _____

Parents Name _____ Guardian's Name _____

Address _____ City & state _____ Zip Code _____

Hours & days child will be in care _____ Date of Admission _____

Current phone numbers that parents or guardian can be reached while the children are in care.

Mom: Work _____ Cell _____ Home _____

Dad: Work _____ Cell _____ Home _____

Guardian: Work _____ Cell _____ Home _____

Current phone numbers of persons to be called in case of an emergency if the parents or guardian cannot be reached.

Name & Address _____

Work _____ Cell _____ Home _____

Name & Address _____

Work _____ Cell _____ Home _____

I hereby authorize the day care facility to allow my child/ children to leave the day care facility with **ONLY** the following persons:

Name & Relationship _____ Drivers License # _____

Work _____ Cell _____ Home _____

Name & Relationship _____ Drivers License # _____

Work _____ Cell _____ Home _____

Name & Relationship _____ Drivers License # _____

Work _____ Cell _____ Home _____

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List any special problems your child may have, such as allergies, existing illness, pervious serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that staff should be aware of:

Authorization for Emergency Medical Attention:

In the event that I cannot be reached to make arrangements for emergency medical attention I authorize the facilities director or person in charge to take my child to: ***THE NEAREST MEDICAL FACILITY***

Name of Licensed Physician _____ Phone # _____

Name of Hospital/ Clinic _____ Phone # _____

I give my consent for necessary emergency treatment when my child is in care at this physician and/ hospital/ clinic.

Signature of Parent or Legal Guardian: _____ Date: _____

Transportation:

INTL. I hereby give my consent for my child to be transported and supervised by the facilities staff on field trips and to and from school.

Water Activities:

INTL. I hereby give my consent for my child to participate in water activities (splash pools, wading pools, swimming pools and other bodies of water approved by the facility)

Martial Arts Classes:

INTL. I hereby give my consent for my child to participate in the martial arts classes offered by United Tae Kwon-Do. My child is signed out of Kid Fit during the martial arts classes.

Immunization records:

INTL. My child's immunization records are on file at the school my child attends or Kid Fit. All immunization and tuberculosis test results are all current.

School Age Children:

My child attends _____ Phone # _____

Address _____

Signature – Parent or Legal Guardian _____ Date _____