

Kids First Learning Center
Application for Admission

Admission Date _____
Withdrawal Date _____

Child's Name _____ Telephone _____
Address _____ Birthday _____ Sex (M) or (F) _____
City, State _____ Zip Code _____
Previous Nursery School Attendance _____
Past Illnesses (Put "X" if YES)
___ Rubella – 10 day ___ Asthma ___ Rheumatic Fever ___ Chicken Pox ___ Whooping Cough
___ Rubella – 3 day ___ Hay Fever ___ Diabetes ___ Mumps ___ Epilepsy
___ Polio
Allergies or Other Problems _____

Father's Name _____ Telephone _____
Address _____ Marital Status _____
City, State _____ Zip Code _____
Employed at _____ Business Phone _____

Mother's Name _____ Telephone _____
Address _____ Marital Status _____
City, State _____ Zip Code _____
Employed at _____ Business Phone _____

Guardian's Name _____ Telephone _____
Address _____ Marital Status _____
City, State _____ Zip Code _____
Employed at _____ Business Phone _____

Other's In Home With Child

Name _____	Relationship _____	Age _____	Sex (M) or (F) _____
Name _____	Relationship _____	Age _____	Sex (M) or (F) _____
Name _____	Relationship _____	Age _____	Sex (M) or (F) _____

Emergency Doctor _____ Telephone _____
Doctor (Alternate) _____ Telephone _____
Hospital _____ Telephone _____

People Authorized To Pick Up Child From School

Name _____	Telephone _____
Name _____	Telephone _____
Name _____	Telephone _____

Child Will Attend M T W TH F (Circle) Arrival Time _____ Pick Up Time _____

Preschool Program between the hours of 7:30am—12:30pm **OR** 12:30pm—5:30pm M~F Monthly Tuition \$500.00

Preschool & Childcare between the hours of 7:30am—5:30pm M~F Monthly Tuition \$580.00

It is understood that a **SIX MONTH** contract is required in order to enroll your child (ren)

Tuition is due on the **first day** of every month.

(Please refer to Financial Agreement Form regarding Tuition late fees, etc.)

Your signature indicates your agreement and understanding of the application and information forms.

Signature of Parent/Guardian _____ **Date** _____

Director's Signature _____ **Date** _____

