

APPLICATION FOR ENROLLMENT

Child's Name: _____ **Date of Birth:** _____
Enrollment Date: _____

	Mother	Father
Name		
Address		
Employer		
Home Phone #		
Work Phone #		
Cellular Phone #		
Security Key #		
Email Address		

Person with whom the child lives: _____

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Please explain any "yes" answer here: _____

I agree to abide by the policies and procedures of Kids Count, Inc. as set forth in the Policies and Procedures Manual.

Date: _____ Mother's Signature: _____

Date: _____ Father's Signature: _____

