



First Friends
Kids Day Out

2019-20 Enrollment Form

Child's Name	
Parent's Name	
Child's Age as of 8/1/19	
Child's Date of Birth	

Are you a member of FBC Rogers? Yes ___ No ___ If No where? _____

FBC Rogers members will receive a 10% discount on regular tuition payments. Enrollment fees are not included in the discount.

I am enrolling for:

Check	Program Options	Enrollment Fee
	2 days a week: \$200/month (Paid Sept – May) Monday and Thursday 9:00am – 2:00 pm	\$100
	1 day a week: \$100/month (Paid Sept – May) Please select day below:	\$50
	Monday 9:00 am – 2:00 pm	
	Thursday 9:00 am – 2:00 pm	

For Questions please contact: Lisa McEntire lisa.mcentire@fbcrogers.org

Enrollment fee is \$50 per enrolled day and is non-refundable. This fee includes: Registration, Curriculum, and Supply fees.

For Office use only: Date received: _____ Check #: _____



Child's Personal Data Sheet

1. Name: _____ DOB: _____
Father's Name: _____ Mother's Name: _____
Email Address: _____
Home Phone _____ Cell #: Mom _____ Dad _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Mother's Employer: _____ Work Phone: _____
Father's Employer: _____ Work Phone: _____
Which of the above numbers should be called first if we need to contact you during KDO hours _____

2. Emergency Contact Information

- Name of Person to call if parents cannot be reached: _____
Relationship: _____ Phone Number: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Is this person authorized to take child from the center: Yes _____ No _____

List all other adults who are authorized to take the child from this center.

- | | | |
|------------------------------|------------------------------|------------------------------|
| Name: _____ | Name: _____ | Name: _____ |
| Relationship: _____ | Relationship: _____ | Relationship: _____ |
| Phone Number: _____ | Phone Number: _____ | Phone Number: _____ |
| Address: _____ | Address: _____ | Address: _____ |
| City: _____ | City: _____ | City: _____ |
| State: _____ Zip Code: _____ | State: _____ Zip Code: _____ | State: _____ Zip Code: _____ |

3. Medical Information

- Child's Physician or emergency treatment facility: _____
Address: _____
City: _____ State: _____ Zip Code: _____

I, _____, (Mother, Father, Guardian) of, _____, (child's name) do hereby give my consent to the Director of First Friends Kid's Day Out, or their duly representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency, when the parents cannot be reached. Consent is also given for the Director or their duly appointed representative to transport said child for emergency medical treatment, if parents cannot be reached.

Signed: _____ Date: _____

Witness: _____

Date: _____

4. Immunizations:

Please provide a copy of your Child's Immunization Record. **(DHS requires KDO to have a current copy)**

Verified by Health Department Record _____ Physician's Record: _____ Other: _____

5. Disease History: List the dates of each

Measles: _____ German Measles: _____ Mumps: _____ Chicken Pox: _____

Whooping Cough: _____ Contracted Tuberculosis: Yes _____ No _____

Frequent Ear Infections: Yes _____ No _____ Frequent Throat Infections: Yes _____ No _____

Defective Heart: Yes _____ No _____

Other Conditions or Comments:

Allergies (medicinal or food):

6. Child's Developmental Needs

Physical or emotional problems the child might have:

List any other medical or developmental information:

7. MISC. Information

Favorite Colors: _____ Favorite Foods: _____

Favorite Books: _____ Favorite Songs: _____

Favorite Toys: _____

Siblings: _____

Pets: _____