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: _____

First Friends

Kids Day Out

2018-19 Enrollment Form

Child's Name	
Parent's Name	
Child's Age as of 8/1/18	
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**: **$180/month** Monday and Thursday 9:00am – 2:00 pm	$100
■	**1 day a week**: **$90/month** **Please select day below:**	$50
☐	Monday 9:00 am – 2:00 pm	
☐	Thursday 9:00 am – 2:00 pm	

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 #: _____