



**Killingly Childcare Program K-6  
Enrollment Form**

**Please complete all information, incomplete forms will be returned. All information given will be kept confidential. KCP handbook receipt required for enrollment.**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ KCS \_\_\_\_\_ KMS \_\_\_\_\_ KIS \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_

**Primary Guardian/Contact (to be contacted first)**

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Employer Name/Address: \_\_\_\_\_

Hours/Days work: \_\_\_\_\_ Work phone: \_\_\_\_\_

Car Make: \_\_\_\_\_ Car Model: \_\_\_\_\_ Car Color: \_\_\_\_\_

**Second Guardian/Contact**

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Employer Name/Address: \_\_\_\_\_

Hours/Days work: \_\_\_\_\_ Work phone: \_\_\_\_\_

Car Make: \_\_\_\_\_ Car Model: \_\_\_\_\_ Car Color: \_\_\_\_\_

**Child resides with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_**

Is there anything about your family arrangement that we should be aware of? (split/joint/sole custody, guardianship, foster, etc. **Court Document Required.**) Please explain: \_\_\_\_\_

\_\_\_\_\_

**Other Information:** Please indicate any limitations, restrictions, or concerns you have for your child (i.e., allergies, health problems, diet restrictions, fear of dogs, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts (to be contacted when parent/guardians cannot be reached)**

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Medical Information**

Insurance Carrier: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

**Child's Physician: Name:** \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Child's Dentist: Name:** \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Authorization:** I give my consent for the First Aid and CPR certified staff of the Killingly Childcare Program to administer first aid and CPR to my child and to contact the above-named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Medical Facility: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Community Field Trips

I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_, give permission to attend and participate in any activities conducted in the neighborhood of the Killingly Childcare Program, including but not limited to nature walks, and visits to other building spaces. I understand excursions will be supervised, as are all the extended field trips.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Transportation Consent

I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_, give permission to the Killingly Childcare Program to transport my child by van or bus to and from any field trips planned by the program. This serves as the ***Field Trip Permission Slip***, and will be used for all field trips while enrolled.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Records Release

To Whom it May Concern:

I give permission to the Killingly Public Schools Nursing Staff to release a copy of my child's medical records and any pertinent medical information to the Killingly Childcare Program where my child is enrolled.

This information will be used confidentially and only for treatment or prevention of a health complication regarding my child, or in the case of an emergency. KCP staff will not share this information with anyone other than the parent listed on the enrollment form, and only as necessary.

Students Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Requested:**

Before school program (KCS and KMS Only) 6:30-8:30am: \_\_\_\_\_ Drop off time \_\_\_\_\_

After School Program (KCS and KMS) 3:00-6:00pm: \_\_\_\_\_ Pick up time \_\_\_\_\_

After School Program (KIS) 2:15-6:00pm: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Days Needed for AM (minimum of 3): \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri **Total Days:** \_\_\_\_\_

Days Needed for PM (minimum of 3): \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri **Total Days:** \_\_\_\_\_

**Staff Use Only**

\_\_\_ KCS AM \_\_\_ KCS PM \_\_\_ KCS AM/PM

Enrollment Year: \_\_\_\_\_ Start Date: \_\_\_\_\_

\_\_\_ KMS AM \_\_\_ KMS PM \_\_\_ KMS AM/PM

Deposit Amount: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

\_\_\_ KIS PM                    \_\_\_ **Summer**

**Custody Alert:** \_\_\_\_\_                    **Allergy Alert:** \_\_\_\_\_