



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 (Fall '26) _____

Student Date of Birth: _____ Home Room Teacher: _____

Primary Guardian/Contact and Pickup (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 and Pickup

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, behavior concerns, etc.) _____

Emergency Contacts and Pickups (to be contacted when parent/guardians cannot be reached)
Must have a at least one on file.

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: _____

Does your child take daily medications: ☐ Yes ☐ No If yes, what for: _____

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) 3:00-5:45pm: _____ Pick up time _____

After School Program (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 2): ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri **Total Days:** _____

Days Needed for PM (minimum of 2): ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri **Total Days:** _____

Early Release Day Program: _____

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. _____ ERD Program

Custody Alert: _____ **Allergy Alert:** _____



STUDENT/PARENT HANDBOOK RECEIPT Summer 2026 and SY 26/27

Each parent/guardian must review the parent handbook. Policies are often modified, and new ones added to reflect changes in local board of education policy or Connecticut State Statutes.

This form will remain in your child's file as confirmation of programs policies and procedures including those for managing child behaviors and disciplinary actions.

I, _____, the parent/guardian of _____ have reviewed the Student/Parent Handbook and I understand and accept the policies and procedures set forth in the handbook and I have thoroughly reviewed the program's discipline policy.

Parent/Guardian Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM TO A PROGRAM

STAFF MEMBER

THE PARENT HANDBOOK IS AVAILABLE ONLINE

The Parent Handbook is written in English. Translations are available if requested. If you would like any part of the handbook translated, please call 860-779-6773.

www.killinglyschools.org/departments/killingly-childcare-program