



DROP-IN ENROLLMENT FORM for KIDS CO. CENTERS

Center _____

Date _____

Child's Name _____	Age _____	DOB _____
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Teacher/Classroom # _____	Grade _____

Parent/Guardian _____	Employer _____
Preferred Name to be called by _____	Hm Phone _____
Address _____	Wk Phone _____
_____	Cell/Pgr _____
Relationship to Child _____	Email _____
Parent/Guardian _____	Employer _____
Preferred Name to be called by _____	Hm. Phone _____
Address _____	Wk Phone _____
_____	Cell/Pgr _____
Relationship to Child _____	Email _____

Emergency Contact/Authorized Pick-Up (Other than parents/legal guardians – must be local)	
Name _____	Hm Phone _____
Address _____	Wk Phone _____
_____	Cell/Pgr _____
Relationship to the child _____	(Grandmother, Aunt, Friend etc.)
Name _____	Hm Phone _____
Address _____	Wk Phone _____
_____	Cell/Pgr _____
Relationship to the child _____	(Grandmother, Aunt, Friend etc.)

Does your child have any health/behavior concerns? Please describe. (Additional paperwork may be required)

CONSENT FOR EMERGENCY TREATMENT

As the parent or legal guardian, I hereby give consent to Kids Co. that my child, _____, may be given emergency treatment to include 1st Aid/CPR by a qualified staff member of Kids Co. or Medic 1. I also give permission for my child to be transported by an aid car, ambulance or staff car to the nearest medical treatment center or hospital if necessary. In the event that I cannot be contacted, I further consent to the medical, dental, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician (M.D.), dentist (D.D.S.), or hospital when deemed immediately necessary or advisable by the physician to safeguard the life, limb or well-being of my child. It is understood that a conscientious effort will be made to notify me or other persons listed on this form before such action is taken. The expense of this service will be accepted by me.

Child's Physician: _____ Telephone: _____

Address: _____
Street City State Zip Code

Preferred Hospital: _____ Telephone: _____

Address: _____
Street City State Zip Code

Insurance: _____ Policy# _____

Allergies (drugs/others)/Reactions: _____

Parent/Guardian Signature: _____ **Date:** _____

PERMISSION

I grant permission for Kids Co. to provide care for my child on a space available basis with prior permission from the Program Manager\Assistant Manager. I understand that Drop-In usage is intended to be occasional and is charged by the time slot only (not per hour). I agree to pay for all time slots at the time of service according to the current rate schedule. My child may participate in all activities provided at the center which may include walking or riding on a Metro bus to a field trip location (with advance notice). All of the above information about my child is true and correct.

Parent/Guardian Signature: _____ **Date:** _____



DROP-IN POLICIES & PROCEDURES FOR KIDS CO. CENTERS

Kids Co. Centers are primarily used by families who are enrolled for a specific schedule during the school year or summer. A deposit and registration fee is required to be enrolled and families are billed on a monthly basis for the schedule they have signed up for.

- DROP-IN is used on an occasional basis by families who are NOT REGULARLY enrolled at one of our centers. Drop-In rates are higher than those of a regular schedule to account for the convenience of a last minute reservation and the fact that a deposit is not held on file.
- DROP-IN is intended for those parents who might need occasional care rather than a regular schedule. Reservations for any time slot **MUST** be arranged in advance with the Program Manager\Assistant Manager at the specific center you wish to attend by calling, in person or via e-mail. Parents may not assume there is space in any program or time slot and may not send their child without prior permission. This is for the safety of your child and for our staff to be prepared for your child's arrival.
- If you do not need care for the slot you have reserved, we ask that you give as much notice as possible. Families that have repeated "no-show's" may not be allowed to reserve a slot in the future at the discretion of the Program Manager\Assistant Manager.

By state licensing regulations all children must be signed in and out by their parent using a full signature.

A Drop-In enrollment form must be completed PRIOR to your child attending, with all pages completed in full. This can be completed on the first day of attendance, if needed. DROP-IN ENROLLMENT forms must be updated annually or if ANY of the information on file has changed.

THANK YOU FOR CHOOSING KIDS CO.!