



Katie's Kids Learning Center Admission Form

Katie's Kids Learning Center Hours: 6:30 am to 6:00 pm
Locations: 1602 Glenbridge Road, Bloomington, IL 61704
2003 Jacobssen Drive, Normal, Illinois 61761

Application Date _____ Enrollment Date _____ Discharge Date _____

Child Information

Child's Full Name: _____ Gender: ___F ___M

Child's Address: _____ City/State/ZIP _____

Home/Main Phone: _____ Date of Birth: _____

Parent/Guardian Information

Parent/Guardian 1

Name _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City/State/ZIP _____

Marital Status (check one): ___married ___separated ___divorced ___single/widowed

Email Address: _____

Employer: _____ Work Phone: _____ Ext: _____

Work/School Schedule: Mon _____ Tues _____ Wed _____

Thurs _____ Fri _____

Parent/Guardian 2

Name _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City/State/ZIP _____

Marital Status (check one): ___married ___separated ___divorced ___single/widowed

Email Address: _____

Employer: _____ Work Phone: _____ Ext: _____

Work/School Schedule: Mon _____ Tues _____ Wed _____

Thurs _____ Fri _____

Primary Pick-up List

Using the previous information, check to be on the Primary Pick-up List:

Parent/Guardian 1 Parent/Guardian 2

Authorize Additional Pick Up:

Name: _____ Relationship to Child: _____

Address: _____ City/State/ZIP _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Authorize Additional Pick Up:

Name: _____ Relationship to Child: _____

Address: _____ City/State/ZIP _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Pick-up List

Check box to be on the Emergency Pick-up List:

Parent/Guardian 1 Parent/Guardian 2

Authorize Additional Emergency Pick Up:

Name: _____ Relationship to Child: _____

Address: _____ City/State/ZIP _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Authorize Additional Emergency Pick Up:

Name: _____ Relationship to Child: _____

Address: _____ City/State/ZIP _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Days in Attendance

<i>Day</i>	<i>Time In</i>	<i>Time Out</i>	<i>Drop Off Person</i>	<i>Pick Up Person</i>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Family Information

Names/Ages of Siblings:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Others in Household and Relationship to Child:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Who can we thank for bringing you to us?

How did you hear about Katie's Kids Learning Center? (check all that apply):

_____ Child care parent _____ KKLC employee _____ Family/friend not associated with KKLC

_____ Work associate _____ Newspaper/magazine _____ Radio _____ Web search

_____ Other _____

Parent/Guardian Verification

I, the parent or legal guardian, do hereby certify that the information given is correct to the best of my knowledge. I agree to notify Katie's Kids Learning Center if there is any change in the information presented on the Admission form or within the Admission packet.

1st Parent/Guardian Signature

Date

2nd Parent/Guardian Signature

Date

NOTE: Both parents/guardians are required to sign if a dual-parent household.

OFFICE USE ONLY

File entered into system by _____ Date _____