

PLANETKID ENROLLMENT APPLICATION

Child's Information

Child's Name: _____ Date of Birth: _____

Child's Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ Age: _____ Sex: Male ___ Female ___

School Currently Attending: (if applicable) _____

(For Preschool Children and Under)

Potty-trained: Yes ___ No ___ Does he/she communicate when he/she needs to use bathroom? Yes ___ No ___

How does he/she communicate his/her need to use bathroom? _____

Parent/Guardian Information

Father's Name: _____

Father's Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ Cell Phone #: (____) _____

Place of Employment: _____ Work Phone #: (____) _____

Mother's Name: _____

Mother's Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ Cell Phone #: (____) _____

Place of Employment: _____ Work Phone #: (____) _____

Parent/Guardians are: Married ___ Together at home ___ Legally Divorced ___ Separated ___

If Parent/Guardians are separated, who has custody of child? _____

Program child will be enrolled in: Full-time: _____ Part-time: _____ Drop In: _____

Days of the Week will be attending: M ___ T ___ W ___ R ___ F ___ S ___ S ___

Office Use Only

Enrollment Date: _____

Starting Date: _____

HEALTH/EMERGENCY INFORMATION

Child's Name: _____ **Date:** _____

I hereby authorize the staff of PlanetKid to administer first aid and any/all necessary emergency medical care for my child, while he/she is on PlanetKid care and to contact the following medical personnel to obtain emergency medical care if warranted.

Physician's Name	Address	Phone Number
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Hospital Preference: _____

Please list all allergies, special medical and dietary needs, or other areas of concern: _____

Emergency Contact Information:

The staff at PlanetKid will try and contact a parent/guardian first, but if the parent/guardian can not be reached, the following persons can be contacted in the event of illness, accident, or emergency.

Name	Home Phone	Work Phone	Cell Phone	Relationship to Family
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Person named above has parent/guardian permission to pick-up child? Yes _____ No _____

Name	Home Phone	Work Phone	Cell Phone	Relationship to Family
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Person named above has parent/guardian permission to pick-up child? Yes _____ No _____

Name	Home Phone	Work Phone	Cell Phone	Relationship to Family
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Person named above has parent/guardian permission to pick-up child? Yes _____ No _____

Name	Home Phone	Work Phone	Cell Phone	Relationship to Family
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Person named above has parent/guardian permission to pick-up child? Yes _____ No _____

Parent's Signature

Date

Child Release/Pick-up Information

Child's Name: _____ **Date:** _____

The following persons have permission to pick-up my child from PlanetKid. Parents are automatically allowed.

Name	Home Phone	Work Phone	Cell Phone	Relationship to Family
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Name	Home Phone	Work Phone	Cell Phone	Relationship to Family
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Name	Home Phone	Work Phone	Cell Phone	Relationship to Family
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Name	Home Phone	Work Phone	Cell Phone	Relationship to Family
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Name	Home Phone	Work Phone	Cell Phone	Relationship to Family
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Parent's Signature

Date