



# TOTally Kids Childcare Center

## Enrollment Form

Entrance Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Home Address (if different from child's) Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Living Arrangements: (check one)  Both Parents  Mother  Father  Other

Child's Legal Guardian(s): (check one)  Both Parents  Mother  Father  Other

### Child Release Information:

No child may be released from the provider's home to any person other than his/her parents or other person currently designated in writing by such parent to receive the child. Those people authorized to pick-up the child (including parents) need to present photo identification each day until easily recognized by the provider.

The following persons have my permission to pick up my child from the provider's center:

\*Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian: \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

\* Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian: \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

\* Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian: \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

**Emergency/Medical Information:**

If neither parent nor guardian can be reached in case of an emergency call:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of School child attends, if any \_\_\_\_\_

Child's Doctor or Clinic name: \_\_\_\_\_

Child's Doctor or Clinic phone: \_\_\_\_\_

My child has the following special needs: \_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should (child's name) \_\_\_\_\_ Date of birth: \_\_\_\_\_

Suffer an injury or illness while in the care of TOTally Kids Childcare Center and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment of services.

Hospital of Choice: (i.e. MCG, Doctor's, etc.) \_\_\_\_\_

**Permission for Activities:**

Are there any other activities in which your child should not participate? \_\_\_\_\_

**Photo Permission:**

I/We give permission for TOTally Kids Childcare to use our child's, \_\_\_\_\_, photograph on the website, fliers, brochures, or any other publication relative to TOTally Kids Childcare. We realize that our child's first or last name will not be used in such publications.

I/We certify that all information given on this form is correct and accurate to our best knowledge. I/We promise that I/we will notify the provider, if any of the information changes.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

**Parents or Guardian’s Notice of No Liability Insurance and Acknowledgement**

I understand that I am being informed in writing by signing this acknowledgement that this facility, TOTally Kids Childcare Center, does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Name (Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Totally Kids Childcare Center Director’s Signature**

\_\_\_\_\_  
**Date**



# TOTally Kids Childcare Center Supply List

**All supplies are required to be labeled with your child's name.**

The following supplies must be kept at TKCC for your child:

- One (1) complete change of clothing (more if we are toilet training) to be left here. This includes shirt, pants, socks, and underwear. Soiled clothing will be sent home and a new change of clothes will need to be brought back the next day.
- Proper outerwear for outside play

**DAILY FOR BABIES:**

- Fully made baby bottles - breast milk or formula (must be clearly labeled with child's name)
- 2 Blankets

**FOR CHILDREN NOT YET POTTY TRAINED:**

- Diapers or pull-ups – 1 full package. We will notify you when the supply is low.
- 1 box of baby wipes – at least 80 to 100 counts
- 2 changes of clothing (t-shirt, sleeper, outfit, and socks). Careful attention must
- be made to maintain current sizes left here.
- Any cream, powder, etc. that you wish us to use
- Notice will be sent home when more supplies are needed.

Thank you!