

Kids Day Out – Application for Admission

Child's Name _____

Home Address _____ City _____ Zip _____

Home Phone _____ DOB _____

Year entering Kindergarten _____ Sex: M ___ F ___

Father's Name _____ E-Mail _____

Business Name and Address _____

Work Phone _____ Cell Phone _____ Receive Texts? Yes ___ No ___

Mother's Name _____ E-Mail _____

Business Name and Address _____

Work Phone _____ Cell Phone _____ Receive Texts? Yes ___ No ___

Do you have a home church? Yes ___ No ___ If so, where? _____

Name, address and phone number of person who would assume responsibility for your child in case of an emergency if we were unable to contact parents:

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

AUTHORIZED RELEASE –Please list names of person to whom your child may be released to:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Permission is granted to meet the needs of my child in case of emergency. I understand every effort will be made to contact me before such action is taken.

Signature of Parent/Guardian _____