

**Kickstart Preschool and Child Care
Enrollment Form**

Personal Information:

Child's Name: _____ Age _____ Sex M / F

Nick Name: _____ Birthdate ____/____/____

Address: _____

Home Phone: _____

Parent Guardian #1: _____ Parent/Guardian #2 _____

Address: _____ Address: _____

Home Phone: _____

Home Phone: _____

Work phone: _____

Work Phone: _____

Cell Phone _____

Cell Phone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Emergency Information:

Child's Primary Physician: _____ Phone # _____

Address: _____

Clinic: _____

Clinic Address: _____

Hospital you request in case of emergency: _____

Dentist Name: _____

Dentist Address: _____

Dentist facility you request in case of emergency: _____

Emergency contacts/Authorized to pick up from preschool: In the event of an emergency and we cannot contact you we will contact these people in the order listed. Two are required.

Name #1: _____ Relationship: _____

Address: _____

Home Ph. _____ Cell Ph. _____ Work Ph. _____

Name #2: _____ Relationship: _____

Address: _____

Home Ph. _____ Cell Ph. _____ Work Ph. _____

List anyone who **CAN NOT** pick up your child.

Family Information:

Brothers and Sisters

_____ Age _____ Birthdate _____ Live with Child? Y / N

_____ Age _____ Birthdate _____ Live with Child? Y / N

_____ Age _____ Birthdate _____ Live with Child? Y / N

Please list any other persons living with the child and their relationship (if any) to the child.

Personal History:

Does the child have any allergies? (If yes describe)

Please describe any food or eating instructions.

Please describe any bowel or bladder irregularities if any.

Share any family customs or traditions you feel would be beneficial for us to know as we interact with your child.

Parent/Guardian signature: _____ Date _____

Kickstart Director or representative: _____ Date _____

To complete your child's registration please complete this form and the following schedule and submit a \$30 dollar (per family) enrollment fee to:

Kickstart Preschool and Child Care

1073 Highway 61

Two Harbors, MN 55616

Please contact Deb Archer with any questions regarding enrollment or the completion of the enrollment form.

218-510-0598

Please identify your childcare need:

The Child Care Center will be open from 6:30 AM - 6:00 PM

Preschool Age (children 33 months through 5 years old.) For preschool registration first circle the preschool program you wish to enroll your child. You can do the am program, pm program, or both am and pm. Then identify any hours (identify times) of childcare you will need before or after preschool.

Monday	Tuesday	Wednesday	Thursday	Friday
Circle one of the following preschool programs.	Circle one of the following preschool programs.	Circle one of the following preschool programs.	Circle one of the following preschool programs.	Circle one of the following preschool programs.
AM program 8:00 am-12:00 pm	AM program 8:00 am-12:00 pm	AM program 8:00 am-12:00 pm	AM program 8:00 am-12:00 pm	AM program 8:00 am-12:00 pm
PM program 12:30 pm - 3:30pm	PM program 12:30 pm - 3:30pm	PM program 12:30 pm - 3:30pm	PM program 12:30 pm - 3:30pm	PM program 12:30 pm - 3:30pm
Both am and pm preschool programs	Both am and pm preschool programs	Both am and pm preschool programs	Both am and pm preschool programs	Both am and pm preschool programs
Additional times you will require childcare.	Additional times you will require childcare.	Additional times you will require childcare.	Additional times you will require childcare.	Additional times you will require childcare.

Toddlers - Age 16 months to 33 months. Please write the times you will need childcare each day in the boxes provided below.

Monday	Tuesday	Wednesday	Thursday	Friday

Infants - Age 6 weeks to 16 months. Please identify the times you will need childcare for your infant. At this time we are only enrolling full time infants (5 or more hours a day).

Monday	Tuesday	Wednesday	Thursday	Friday

