



Kid's Academy

A Child Development Center

Date of Enrollment:
Date of Withdrawal:

Child's Name: _____ Date of Birth: _____ Gender: _____

Parent Name: _____ **Employer:** _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Social Security Number: _____ Driver's License Number: _____

Parent Name: _____ **Employer:** _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Social Security Number: _____ Driver's License Number: _____

Authorized to Pick Up:	
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____

Parent Signature: _____ **Date:** _____