

Kids of Chatham Organization, Inc.
 12 Long Crossing Road
 East Hampton, CT 06424
 koko4kids.org
 860-267-6080 (Office)
 860-267-9843 (Fax)

KOCO
 Child Care Center



CHILD ENROLLMENT FORM

Child's Last, First Name
 Date of Enrollment

 Date of Birth

Gender (circle one): **M / F**

 Front Door Access Code (4 digits)

1st Parent/Guardian Name

 Relationship to Child

 Marital Status

 Home Address

 Work Address

 Home Address

 Work Address

 Home Phone

 Work Phone

 Cell Phone

 Email address

2nd Parent/Guardian Name

 Relationship to Child

 Marital Status

 Home Address

 Work Address

 Home Address

 Work Address

 Home Phone

 Work Phone

 Cell Phone

 Email address

ALTERNATE EMERGENCY PICKUPS

Please provide information for at least two adults other than the child's parents/guardians. Alternates will have permission to pick up a child whenever the parents/guardians are unable to do so (parents/guardians should call the office in advance at 860-267-6080 to inform an administrator). Alternates must provide photo identification to staff when picking up. Adults not named on this form may be given one-time permission to pick up a child when appropriate written notice ("Alternate Emergency Pickup Form") is presented in advance to staff by a parent/guardian.

 Name

 Home Telephone

 Work Telephone

 Address

 Relationship to child

 Name

 Home Telephone

 Work Telephone

 Address

 Relationship to child

EMERGENCY INFORMATION FORM

Child's Last, First Name

Physician Name

Insurance Plan

Insurance Number

Physician Address

Physician Telephone

Dentist Name

Insurance Plan

Insurance Number

Dentist Address

Dentist Telephone

Current medications _____

Allergies _____

Other health considerations _____

I give permission for my child to receive emergency medical treatment at any medical facility. My preference is _____ if the emergency allows time for my child to be taken there. I also give permission for my child to be transported by a staff member or emergency vehicle for emergency medical treatment. I also give permission for first aid to be administered to my child by an appropriately trained staff member, if needed. I know I will be called or alternate emergency contacts called if I cannot be reached, to pick up my child in case of illness or emergency.

To the best of my knowledge, the information on this form is correct. I understand that if any of this information changes, I am obligated to notify the program in writing immediately.

Parent/Guardian Signature

Date

ABOUT YOUR CHILD

Please list other people living in the home with your child. Indicate languages other than English that are spoken at home.

Parent(s)
Sibling(s)
Other(s)
Language(s)

Does your child prefer playing alone or with others? What are your child's favorite toys or activities?

Have you ever sought any special services for your child? Do you have any special concerns about your child?

What do you consider to be your child's strengths? Do you have any particular goals for your child?

Is there any other information that would help us understand your child?
