

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 Name	Child's First Name	Date of Enrollment	
Date of Birth	Gender: M F	Front Door Access Code - 4 digits -parent choice	
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 Phone	Work Phone
Address	Relationship to child	
Name	Home Phone	Work Phone
Address	Relationship to child	

EMERGENCY INFORMATION FORM

Child's Last Name

Child's First Name

Physician Name

Health Insurance Plan

Insurance Number

Physician Address

Physician Phone

Dentist Name

Dental Insurance Plan

Insurance Number

Dentist Address

Dentist Phone

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?
