

KOALA KARE CHILDCARE CENTER & PRE-SCHOOL PROGRAM
3476 ROUTE 31, BALDWINVILLE, NY 13027

Application Date _____ Projected Starting Date _____ Actual Starting Date _____

CHILD INFORMATION

Child's Name _____ Nickname _____
(First) (Middle) (Last)

Sex _____ Date of Birth _____ Phone _____

Address _____ City _____ Zip _____

PARENTS INFORMATION

Mother's Name _____ Email _____

Home Address _____ Phone _____

Employer _____ Phone _____

Employer Address _____ City _____ Zip _____

Father's Name _____ Email _____

Home Address _____ Phone _____

Employer _____ Phone _____

Employer Address _____ City _____ Zip _____

Child Lives with Mother _____ Father _____ Both _____ Other (Explain) _____

Person(s) responsible for tuition _____

HOUSEHOLD MEMBERS LIVING WITH CHILD

Siblings or other children

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Adults:

Name _____

Relationship to child _____

Name _____

Relationship to child _____

MORE ABOUT YOUR CHILD

Security Blanket or Toy? Yes____ No ____ Toilet Trained? Yes ____ No ____ Partially ____

Child's Fears _____ Child Dislikes _____

Special Routines When Saying "Goodbye" _____

Recent Changes (ie. Moved, new job, new sibling) _____

What days will your child usually be at the center? M__ T__ W__ TH__ F__

What hours will your child usually be at the center? Arrive_____ Depart_____

Breakfast is served from 7:00am-8:00am, morning snack is served from 8:45am-9:00am, lunch is served between 11:00am and 12:00pm and afternoon snack is served from 3:00pm-3:30pm. If your child is o=in care during these times, he or she will receive the meal or snack that is being served.

Please give us a brief health care summary of your child (any health problems your child may have, such as allergies, physical or mental limitations or handicaps, daily medications, special diet, ect.)

In case of emergency or illness, I/we authorize the following person to act in my/our behalf if I/We cannot be reached:

Name_____Address_____Phone _____Relationship_____

Child's Doctor_____Address _____Phone_____ Fax_____

TERMS OF APPLICATION: Each application for enrollment must be accompanied by the registration fee before it can be processed. The registration fee is NON REFUNDABLE. There are no refunds for holidays, snow days, or illness. Two weeks written notice is required prior to withdrawal.

I/We understand and agree to the above terms _____ Date_____

_____ Date_____