

# KIDS ZONE APPLICATION FORM

PREFERRED STARTING DATE: \_\_\_\_\_

CHILD'S FIRST NAME: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Mother's e-Mail: \_\_\_\_\_

Father's e-Mail: \_\_\_\_\_

### Schedule

Does your child go to school? Yes \_\_\_\_\_ No \_\_\_\_\_

Grade in school: \_\_\_\_\_

School Name: \_\_\_\_\_ Drop off time at school: \_\_\_\_\_

PickUp time at school: \_\_\_\_\_

Please complete chart as to when your child will arrive at daycare and what time they will be picked up

	TIME IN	TIME OUT	TIME IN	TIME OUT
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

Approximate Total Hours Per Week: \_\_\_\_\_

*The following Enrollment forms (provided) must be completed prior to enrollment.*

**Fully Completed White Information Card - Immunization Record - Signed Parent Contract.**

**Medical form must be filled out and returned within 30 days.**

Please Remember:

- 1.) Payment must be in the payment box by Monday at 5:30 PM
- 2.) Failure to pay for two weeks will result in your child's dismissal.
- 3.) Payment will be due on the following week for any additional hours used.
- 4.) Payment must be your weekly contracted amount. The contracted amount will not vary if Kids Zone is closed for holidays.

**\*\* Please enclose a \$60 non-refundable registration fee with your application.**

Send to: Kids Zone Inc., 4500 S. US-27, St. Johns, Mi. 48879

---

For office use: Date Received: \_\_\_/\_\_\_/\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

NO CHILD SHALL BE DISCRIMINATED AGAINST BECAUSE OF RACE, NATIONAL, ORIGIN, SEX, AGE, OR HANDICAP.