



DROP-IN CHILDCARE
Registration/Enrollment Information

Child 1

Name: _____ Boy / Girl Age: _____ Date of birth: _____

Is this child potty trained? Yes / No

Does this child have any hearing or vision problems? Yes / No

Does this child have any dietary restrictions or food allergies? Yes / No
Please explain _____

Is this child taking any medications? Yes / No _____

Does this child have any special needs? Yes / No _____

Are there any behavior issues that we should be aware of? Yes / No _____

Are there any activity restrictions? Yes / No _____

Has this child experienced diarrhea, vomiting or fever within the last 24 hours? Yes / No _____

Does your child have a favorite toy or blanket? Yes / No _____

Briefly tell us what your child's likes and dislikes might be: _____

Child 2

Name: _____ Boy / Girl Age: _____ Date of birth: _____

Is this child potty trained? Yes / No

Does this child have any hearing or vision problems? Yes / No

Does this child have any dietary restrictions or food allergies? Yes / No
Please explain _____

Is this child taking any medications? Yes / No _____

Does this child have any special needs? Yes / No _____

Are there any behavior issues that we should be aware of? Yes / No _____

Are there any activity restrictions? Yes / No _____

Has this child experienced diarrhea, vomiting or fever within the last 24 hours? Yes / No _____

Does your child have a favorite toy or blanket? Yes / No _____

Briefly tell us what your child's likes and dislikes might be: _____

Parent/Guardian Information

Name: _____

Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License # _____

Home Phone: _____ Work Phone: _____

Cell/pager: _____ Email: _____

How did you hear about Kidz Depot? _____

Authorized Pick-Up Person(s)

Contact 1

Name: _____

Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License # _____

Home Phone: _____ Work Phone: _____

Cell/pager: _____ Email: _____

Contact 2

Name: _____

Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License # _____

Home Phone: _____ Work Phone: _____

Cell/pager: _____ Email: _____

***Please note that all individuals will be asked to show a picture ID before our staff will release a child! ***