

**Kiddie Kottage Enrollment Form**

**\$25 Enrollment Fee  
Paid \_\_\_\_\_**

Enrollment Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ - \_\_\_\_\_

Circle Days To Attend:

Monday          Tuesday          Wednesday          Thursday          Friday

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ Work Hours \_\_\_\_\_

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ Work Hours \_\_\_\_\_

Parent's Marital Status:

Married      Separated      Divorced      Single      Widowed

Who does the child live with? \_\_\_\_\_

If divorced, who has legal custody? \_\_\_\_\_

May the non-custodial parent pick up the child? \_\_\_\_\_  
(If no, we must have court documentation.)

Pick Up Authorization:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Unauthorized Pick Up:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contacts Other Than Parents:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Previous Childcare Provider \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Does your child have any special needs? Yes or No

If Yes, explain \_\_\_\_\_

Does your child have any allergies? Yes or No

If Yes, explain \_\_\_\_\_

(All children are served everything that is on the menu daily. If your child has food allergies, a Modified Meals form must be completed by your child's doctor.)

Is your child potty trained? \_\_\_\_\_

Does your child need help?

Dress/Undress    Eating    Washing Hands/Face    Going to Potty

Does your child have any special fears? \_\_\_\_\_

Does your child take a nap? \_\_\_\_\_

Does your child require anything to go to sleep? \_\_\_\_\_

\_\_\_\_\_

Has your child been away from parents before?

\_\_\_\_\_ Sitter \_\_\_\_\_ Daycare \_\_\_\_\_ Grandparents \_\_\_\_\_ Other

Favorite Food/Snack \_\_\_\_\_

Food/Snack Dislikes \_\_\_\_\_

Any Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Kiddie Kottage  
Enrollment Contract

1. Enrollment Fee - There is a \$25 enrollment fee per family.
2. Method of Payment - Payments can be made by cash or check and left in the payment box located by the office.
3. Schedule - Your child's schedule is required below.
4. Rates -

Full Time (5 Days a Week)

First Child                      \$115.00 per week  
Second Child                    \$105.00 per week

Part Time (1-4 Days Per Week)

First Child                      \$28.00 per day  
Second Child                    \$26.00 per day

School Age Children

Before & After School        \$40.00 per week

5. This contract may be cancelled by either party upon receipt of a two week written notice. Parent must come to the office to cancel or change their schedule and/or contract. Contract changes will go into effect on the Monday after the new contract is signed.

6. I have received and read my parent handbook. I understand and agree to abide by all policies and procedures.

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Time In					
Time Out					

Contract Begin Date \_\_\_\_\_ Weekly Rate \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Director Signature \_\_\_\_\_ Date \_\_\_\_\_

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Contract End Date \_\_\_\_\_ Two Week Notice Given \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Director Signature \_\_\_\_\_ Date \_\_\_\_\_

