Kiddie Korral Enrollment Form

Child's Name_____ DOB_____
Date of Admission_____
Child lives with:___Mom___Dad___Both___Guardian
Custody or Foster Documents on file? ___Y___N
Child's home address:
_____

Name of parent or guardian completing forms_____
Relationship to child_____
Cell #_____Work #_____Ext:_____
Employer Name or Company_____
Email_____

Name of additional parent or guardian_____
Relationship to child_____
Cell #_____Work #_____Ext:_____
Email_____

I authorize the Kiddie Korral to release my child to only parents/guardians listed above and the following emergency contacts. Picture ID required at pick up.

Additional Emergency Contacts

Name_____ Cell #_____
Relationship to child_____
Name_____ Cell #_____
Relationship to child_____
Name_____ Cell #_____
Relationship to child_____

Consent Information

Initial all that apply:

Transportation
I give consent for my child to be transported and supervised by authorized Kiddie Korral employees for emergency care _____

Meal service
I give consent for my child to be served meals and snacks at Kiddie Korral. I understand that meal times are as follows: Breakfast 6-8am, Lunch 11am-12pm, PM snack 2-3pm, Dinner 5pm. I will report any food allergies or sensitivities _____