

INCREDIBLE KID ACADEMY

“GROW EACH DAY...IN AN INCREDIBLE WAY”

How did you hear about our Center?

CHILD'S FULL NAME: _____ Birth Date: _____

Nickname: _____ IEP or ISFP? Yes or No

Any Known Allergies: _____

Any additional information important for us to know: _____

2ND CHILD'S FULL NAME: _____ Birth Date: _____

Nickname: _____ IEP or ISFP? Yes or no

Any Known Allergies: _____

Any additional information important for us to know: _____

MOTHER'S FULL NAME: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: () _____ ext. _____

Name of Employer: _____ Cell Phone: () _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address (*used for daily updates, monthly newsletters, etc.*): _____

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FATHER'S FULL NAME: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: () _____ ext. _____

Cell Phone: () _____

Name of Employer: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address (used for daily updates, monthly newsletters, etc.): _____

Parent/Guardian with legal custody _____

Parents are: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single ___

Other Household Members:

Names: _____ Ages: _____

Relationships: _____

Family Pets: (Type and Name) _____

Anticipated Start Date for care: _____

Days of Week Needed for Care: (Please circle)

Monday

Tuesday

Wednesday

Thursday

Friday

Drop off time (a.m.): _____

Pick-Up time (p.m.): _____

(Please note that Agreement/Contract will be written around the information provided here)

If applicable, Name of school child/ren attends: _____

Parent's Signature: _____ (Mother) Date: _____

Parent's Signature: _____ (Father) Date: _____

\$50.00 One Time, Non-Refundable Registration Fee due upon submission of this form. Please make checks payable to Incredible Kid Academy LLC

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GETTING TO KNOW YOU....

As part of our ongoing commitment to individual quality care, within 45 days after your start date at Incredible Kid Academy, we offer a “Getting to Know You” meeting.

Please indicate your interest below.

_____ **YES**, I am excited about sitting down with my child’s teacher and the Center Director. I understand they will contact me to arrange a specific date and time to meet.

Name of Parent: _____ **Date:** _____

_____ **NO**, I am not interested in arranging a meeting with my child’s teacher and the Center Director. Thank you.

Name of Parent: _____ **Date:** _____

After returning this form with your registration fee, you will receive your enrollment packet.

Thank You!

Any questions feel free to email Director: IKA.director@gmail.com