

Child's name _____ Birth Date _____

Address: _____ city _____ Zip _____ Home# _____

Mother/Guardian: _____ Social Security# _____ - -

Email Address: _____

Address if different than above _____ Cell# _____

Employer _____ Work# _____

Father/Guardian: _____ Social Security# _____ - -

Email Address: _____

Address if different than above: _____ Cell# _____

Employer _____ Work# _____

Child lives with: () Mother () Father () both Parents () other _____ Person responsible for tuition _____

Credit card# _____ zip _____ Exp. Date _____ 3 digits _____

NAME OF CHILDS SCHOOL _____ Track _____ () am () pm

I hereby give Kids of Camelot permission to transport my child in the provider vans for the following:

To and from school: _____ field trips: _____ other: _____

Signature: _____ relationship _____ date ____/____/____

Emergency contacts (other than parents) and persons authorized to pick up the child

Name	Relationship	Address	Phone #
Out of state contact name	Relationship	Address	Phone #

Days in center: Mon-Tues-Wed-Thur-Fri / Hours in center _____

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authoriz Kids of Camelot to obtain emergency medical care/or provide emergency transportation for my child.

Signature _____ Relationship _____ Date ____/____/____

Signature _____ Relationship _____ Date ____/____/____