

Emergency Contacts: With written permission my child may be released to the following person(s). In the event that a parent cannot be reached, we will attempt to contact and release the child to the persons on this list.

**** must be eighteen (18) or older.**

1. _____ Relationship _____ Tel. _____

Address _____

2. _____ Relationship _____ Tel. _____

Address _____

3. _____ Relationship _____ Tel. _____

Address _____

Please notify us if anyone else will be picking up your child. If they are not listed above, and we have no other instructions in writing from you, we will **NOT** allow them to leave with your child.

Doctor: In the event that I cannot be reached, I give my consent to Kidnect Child Development, LLC to contact:

Doctors Name _____ Phone # _____

Hospital/ Clinic: If necessary, your child will be taken to the nearest Hospital/ Clinic.

Enrollment Needs

Part Time M-F AM (4 years to 5 years)	_____	8:30A-11:30A
Part Time MWF AM (4 years to 5 years)	_____	8:30A-11:30A
Part Time TTH AM (3 years to 4 years)	_____	8:30A-11:30A
Infant Care (2 weeks to 18 months)	_____	full time
Toddler Care (18 months to 3 years)	_____	full time
Preschool Care (3 years to 5 years)	_____	full time
School Age/ After School Care	_____	AM _____ PM

Schedule Verification-Full Time Child Care Only

**** Please limit your child's hours in child care to 10 hours or less per day.**

Day of the week	Estimated Time In	Estimated Time Out	Number of hours in care
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			