



Date of Application:		Semester Applying For:		Fall	Spring	Summer	Year:
Child Information							
Last Name	First Name/Child Goes By	M.I.	Gender		Date of Birth	Current Age	
			Boy	Girl			
Primary Address: Street Address		City	Zip Code		Home Phone		
Secondary Address (if applicable): Street Address		City	Zip Code		Home Phone		
Parent/Guardian Information (Anyone listed as a parent/guardian automatically has the right to pick up enrolled child.)							
	Parent/Guardian			Parent/Guardian			
Name							
Phone Number							
Email Address							
Employer Name							
Work Phone Number							
Typical Work Schedule							
Kish College ID (student or employee)							
Relationship to Kish	Student	Community	Employee		Student	Community	Employee
Does the Child Live With You?	Yes	No			Yes	No	
Requested Schedule (schedule in :15 minute increments - :00, :15, :30, :45)							
	Monday	Tuesday	Wednesday	Thursday	Friday		
Arrive							
Depart							
Authorized to Pick-Up Child/Emergency Contact Information							
*Individuals listed below are authorized to pick up your child and act as emergency contacts.							
	Name	Phone Number	Address		Relationship to Family		
1							
2							
3							
Medical Information							
Physician Name	Phone Number	Address		Allergies		List Allergies	
				Yes	No		
Do you have any concerns about your child's development?							
Has your child been diagnosed with any medical conditions? If yes, please list:							
Is your child currently receiving any intervention/developmental services? If yes, please list:							
Tuition Information							
I choose "self pay" and will pay ELC tuition myself.				I currently qualify for financial assistance through 4-C.			
I plan to apply for 4-C financial assistance.				I'd like more info regarding financial assistance.			
How Did You Hear About Us?							