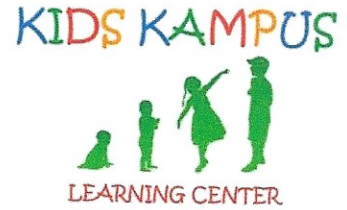


8707 W State Street Suite A Boise ID 83714
Ph: 208-853-4247 · Fax: 208-853-1329
Email: director@boisekidskampus.com
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Child Registration Form

Child's Full Name: _____ Birth Date: _____ Age of child _____
Child's Full Name: _____ Birth Date: _____ Age of child _____
Child's Full Name: _____ Birth Date: _____ Age of child _____
Child's Full Name: _____ Birth Date: _____ Age of child _____
Pediatrician or Family Doctor: _____ Phone Number: _____
Perferred Hospital: _____
Start Date: _____ **Please Circle:** Days Attending: M T W TH F

Parent/Guardian Name: _____ Cell Phone: ____ - ____ - ____
Social Security #: ____ - ____ - ____ Driver's License #: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Name of Employer: _____ Occupation: _____
Work Phone: ____ - ____ - ____ ext. _____ Work Hours: _____
E-Mail Address: _____

Parent/Guardian Name: _____ Cell Phone: ____ - ____ - ____
Social Security #: ____ - ____ - ____ Driver's License #: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Name of Employer: _____ Occupation: _____
Work Phone: ____ - ____ - ____ ext. _____ Work Hours: _____
E-Mail Address: _____

Consent to Emergency First Aid & Transportation:
I give permission for Kids Kampus Learning Center to make any appropriate decisions regarding medical emergencies, evacuations, first aid, etc. for the safety and well-being of my child while in their care.

Parent's Signature _____ Date: _____

Financial Policy:

I agree to take full responsibility for all financial fee including tuition, registration, field trips costs, etc. I understand that it is my responsibility to familiarize myself with the center's policies, and to follow the information listed within these guidelines.

Parent's Signature _____ Date: _____