

1 <sup>st</sup> month	_____
Reg. Fee	_____
Mat. Fee	_____
OFFICE USE ONLY	

# AMERICA'S BEST KIDS PRESCHOOL PROGRAM ENROLLMENT FORM

(Please print clearly with blue or black ink)

Child/Youth's Full Name \_\_\_\_\_

	Last	First	Middle Initial	Nickname
Home Address _____	Home Phone _____			
Street Address				

City _____	State _____	Zip Code _____
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Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_

Relationship _____	Home Phone _____	Cell Phone _____
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Home Address \_\_\_\_\_

	Street Address	City	State	Zip Code
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Email: \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_

Relationship _____	Home Phone _____	Cell Phone _____
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Home Address \_\_\_\_\_

	Street Address	City	State	Zip Code
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**Other Household Members/Persons authorized to pick up your child/children from Americas' Best Kids child care program (ID will be required!!)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Start date child/children will be attending: \_\_\_\_\_  
Month/Day/Year

Please circle the days of the week your child will require care? M T W TH F  
Please circle the time your child will be attending:(8-11am) (12-3pm) (7:30am-3:00pm)

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

(A non-refundable \$30.00 registration fee is required to reserve your child/youth's space in the program.)



# ABK STAFF RELEASE

I hereby give America's Best Kids Sports Center staff permission to sign my child \_\_\_\_\_ in and out of the preschool program on my behalf to

(Child/youth full name)

participate in activities offered by Americas' Best Kids Sports Center. It is my understanding that at all times my child will remain on site and be supervised by an Americas' Best Kids Sports Center staff member. During the time which my child/children are signed out of the preschool he/she is under the rules and regulations set forth by Americas' Best Kid's Sports Center. I understand that this class is offered by Americas' Best Kid's Sports Center not the Footprints Preschool and that the certificate from the Child Care Division for operation of a child care center does not apply. Therefore, the standards from the Rules for the Certification of Child Care Centers may not apply. Some ABK staff may not meet minimum state child care standards, the staff to child ratio may not meet state child care standards and the ABK staff may not have completed a Child Care Division criminal record check.

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Signature of Parent or Guardian

Date

## Swimming Release

I hereby give America's Best Kids Sports Center Staff permission to take my child \_\_\_\_\_ swimming in America's Best Kids swimming pool

(Child/youth full name)

once a month. It is my understanding that at all times my child will remain on site and be supervised by an America's Best Kids Sports Center Red Cross Certified lifeguards and America's Best Kids child care staff. During the time which my child/children are swimming with preschool program he/she is under the rules and regulation set forth by America's Best Kid's Sports Center.

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Signature of Parent or Guardian

Date