

KIDDIE CARE COLLEGE  
992 BEVERLY DR.  
ABINGDON VA 24210  
APPLICATION FOR ENROLLMENT  
276-628-1288 kccdaycare@bvuvu.net

Date \_\_\_\_\_ First Day of Enrollment \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Child's Address \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Child Will Be Released Only To Person(s) Signing Application Plus The Following Persons:

Name	Address	Phone #	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Name of anyone Not Allowed To Pick Up Your Child \_\_\_\_\_ NA \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_ DOB \_\_\_\_\_

Father's Address \_\_\_\_\_ How Long \_\_\_\_\_

Previous Address If Less Than 2yrs \_\_\_\_\_

Employed By \_\_\_\_\_ Work # \_\_\_\_\_

State Driver's License # \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_ DOB \_\_\_\_\_

Mother's Address \_\_\_\_\_ How Long \_\_\_\_\_

Previous Address If Less Than 2yrs \_\_\_\_\_

Employed By \_\_\_\_\_ Work# \_\_\_\_\_

State Driver's License # \_\_\_\_\_

Parents Marital Status Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Hospital We (I) Prefer My Child To Be Taken To In Case Of An Emergency \_\_\_\_\_

Parent /Guardian Authorizes KCC To Seek Medical Attention In Case Of An Emergency If I  
Can't Be Located Immediately Parent/Guardian Initial \_\_\_\_\_

In Case Of an Emergency Who To Contact Other Than Parent Or Doctor

1. \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

2. \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

KCC Agrees To Contact Parent If Child Becomes Ill, Parent Then Agrees To Pick Child As Soon

As Feasible Yes \_\_\_\_\_ No \_\_\_\_\_

Child Has Following Allergies or Medical Conditions \_\_\_\_\_ NA \_\_\_\_\_

If Child Attends Another School/Program While Attending KCC Please List \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Gaurdian \_\_\_\_\_ Date \_\_\_\_\_

Kiddie Care College Staff \_\_\_\_\_ Date \_\_\_\_\_