

**KIDS IN MOTION
ENROLLMENT/ATTENDANCE FORM**

Child's Name: _____
(Last) (First) (Init.)

Birthday: ____/____/____ **Age:** _____ **Sex:** M / F

School: _____ **Grade:** _____ **Teacher:** _____

ATTENDANCE SCHEDULE

AM: **M** **T** **W** **TH** **F** (circle appropriate)

Time of Arrival: ____/____/____

PM: **M** **T** **W** **TH** **F** (circle appropriate)

Time of Arrival: ____/____/____

☐ **Mornings Only**

☐ **Kinder Care (2:15 – 3:00)**

☐ **Drop-in (1 day / week)**

☐ **Part-time (2-3 days / week)**

☐ **Full-time (4-5 days / week)**

☐ **Holidays Only**

My child is to arrive / depart from the Kids In Motion Program by:

Arrive ☐ **Bus** ☐ **Sibling / Relative** **time:** _____

Depart ☐ **Bus** ☐ **Sibling / Relative** **time:** _____

Parent / Guardian Information:

Parent's name: _____

Address: _____

Phone: (H) _____ (W) _____ () _____

School / Employer's name: _____

Custody: Yes No If yes, days _____

Parent's name: _____

Address: _____

Phone: (H) _____ (W) _____ () _____

School / Employer's name: _____

Custody: Yes No If yes, days _____

Over for Program Requirements ▶ ▶ ▶