KIDS IN MOTION ENROLLMENT/ATTENDANCE FORM

Child's Name:							
(Last)				(First)			(Init.)
Birthday:/	rthday:/		Age:		Sex: M/F		
School:			Grade:		T	Teacher:	
		<u>AT</u>	TENDANCE SO	CHEDULE			
AM:	M	T	W	ТН	F	(circle	appropriate)
Time of Arrival:		/	/	/	/		
PM:	M	T	W	ТН	F	(circle	appropriate)
Time of Arrival:		/	/				
П	Mornings On	lv	ı	☐ Kinder Co	ra (2·15	_ 3:00)	
☐ Mornings Only			☐ Kinder Care (2:15 – 3:00) ☐ Part-time (2-3 days / week)				
☐ Drop-in (1 day / week) ☐ Full-time (4-5 days / wee				•			
				□ Holidays O	niy		
My child is to arri		rom the Ki					
Arrive	☐ Bus		☐ Sibling / Relati		time: _		
Depart	☐ Bus		☐ Sibling / Re	lative	time: _		
Parent / Guardian	Information	n:					
Address:							
Phone: (H)			(W)		_()	
			If yes, days				
Danan4la na							
			(11/)			`	
			(W)				
			If you down				
Cus	way: Ye	28 110	If yes, days		•		

Program Requirements

I understand and agree to the following program requirements:

- 1. Any changes regarding Child / Parent / Guardian information must be reported to the Program Director in writing.
- 2. Any changes to your child's Attendance Schedule must be reported to the Program Director in writing on a Schedule Change Report.
- 3. I understand that Kids In Motion is not responsible upon departure of my child to bus / relative / sibling as indicated above.
- 4. I understand that at least one month notice is required for withdrawal or I am subject to fee payments for the upcoming two weeks.
- 5. I am aware that the State of California Licensing Agency (Community-Care Licensing) has the following authority:
 - a. To interview children or staff, and to inspect and audit child or facility records without prior consent.
 - b. To observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or in appropriate placement, and to have a licensed medical professional physically examine the child(ren).

Signature of Parent / Guardian		
	Signature	Date
Authorized Staff / Director		
	Signature	Date