



Kiwanis Day Care Center

71 Washington Avenue
Huntington, WV 25701-1124

Phone 304-525-8701
Fax 304-525-4422

ENROLLMENT APPLICATION FORM

Date of Application: _____

Child's Name: _____ Gender: M ___ F ___

Social Security Number: _____ Date of Birth: _____

Address: _____ Phone # _____

Mother's Name: _____

Place of Employment: _____

Employer's Address: _____

Work Phone Number: _____ Home Phone # _____

Occupation: _____ SS#: _____

Father's Name: _____

Place of Employment: _____

Employers Address: _____

Work Phone Number: _____ Home Phone # _____

Occupation: _____ SS#: _____

Emergency Contact if Neither Parent Can Be Reached:

Name: _____ Phone# _____

Relationship to Child: _____

Other Children in Family (or Home):

Name	Date of Birth	School Attending
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Has your child attended any day care centers or in home provider in the past? _____ Where: _____

Does your child have any known allergies or special medical problems? Please list: _____

Mother's monthly income before taxes: _____

Father's monthly income before taxes: _____