



107 Lilac Lane  
 Kittanning, PA 16201  
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**CHILD ENROLLMENT APPLICATION FORM:**

**Child's Details**

**Full Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: Boy Girl Birthdate: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physical Address (if different): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Parent/Guardian Details**

**Gaurdian 1 Name:** \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

**Gaurdian 2 Name:** \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Name of Caregiver/Babysitter: \_\_\_\_\_  
 Caregiver Contact: \_\_\_\_\_  
 Any Contact Restrictions: \_\_\_\_\_ Photo On File? \_\_\_\_\_  
 Details: \_\_\_\_\_

**Medical Information**

Allergies: \_\_\_\_\_  
 Movement/Disability Restrictions: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Can You Provide Child Medical/Immunization Records? \_\_\_\_\_  
 Other Health Details/Concerns: \_\_\_\_\_

**EMERGENCY BACK-UP:**

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Relationship with Child/Family: \_\_\_\_\_

**Enrollment Schedule:**

Desired Days for Care/Services:  
 MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Drop Off Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

*~~Kandyland reserves the right to refuse service based on safety to children and/or facility, background disclosures or demonstrated behaviors.*