

North Idaho Kids Academy 245 W Bosanko Ave Coeur D Alene ID 83815 Registration Form

Child's Full Name	Date of Birth				
Child's Full Name		C	ate of Birth		
Mother/Guardian	Ho	me/Cell Pho	ne		
Employer's Name	Work Phone				
Father/Guardian	Home/Cell Phone				
Email Address					
Employer's Name	Work Phone				
Work Address					
	ther parent allowed to pick the ch	ild up? Y or N	(Legal Documenta	tion Required)	
Dr's Name	Phone# Insurar	nce Provider/	Policy #		
Name of Siblings		Age	Brother / S	Brother / Sister	
		Age	Brother / S	Brother / Sister	
EMERGENCY CONTACTS & PEI	RSONS WHO MAY PICK UP if pa	arents cannot	t be reached:		
Name	Relationship	F	hone	one	
Name	Relationship	F	Phone		
			Phone		
What other childcare facilities	s or school has your child attend	ded?			
	Reason f	for leaving: _			
Parent/Guardian Signature		Date			
Parent/Guardian Signature		Date			