

**Owners: Abe and Karen Sowards – 649-7887**

**PreK Administrator: Beth Dunn**

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|--|--|---|---|
| <p><b>1 Kid's Kountry Too</b><br/>1301 Hoagland<br/>(575) 523-8767</p>     | <p><b>2 Kid's Kountry Place</b><br/>3704 Elks Drive<br/>(575) 525-8667</p>     | <p><b>3 Kid's Kountry Club</b><br/>401 S. Walnut<br/>(575) 526-2827</p>         | <p><b>4 Kid's Kountry Academy</b><br/>2401 S. Espina<br/>(575) 640-7475</p> |
| <p><b>5 Kid's Kountry Campus</b><br/>1815 Wisconsin<br/>(575) 521-1700</p> | <p><b>6 Kid's Kountry Midtown</b><br/>330 E. May Street<br/>(575) 521-7000</p> | <p><b>7 Kid's Kountry Del Rey</b><br/>3900 Del Rey Blvd.<br/>(575) 652-4535</p> |   |

### ADMISSION RECORD (To be completed by parent or legal guardian)

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Schedule: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### ALLERGIES AND MEDICAL CONDITIONS (If your child has any allergies or medical conditions, please list:)

\_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACTS (Must have two contacts other than parents:)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Doctor or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Financial agreement is as follows: \_\_\_\_\_

People authorized to pick up children: \_\_\_\_\_

I have read the *Parent Handbook* and *Policies Pages* and **Agree to abide by them**. I give permission for **Kid's Kountry Staff** to transport my child to activities and in case of emergency, I give the **Kid's Kountry Staff** permission to get medical treatment for my child. My child may be filmed or photographed for internal center purposes.

Signature of Parent or Guardian

Date Enrolled

Date Unenrolled