

Kid Angles: The Early Education School
1500 E. Hillside Dr. Bloomington, IN 47401
Phone: (812) 333-5639 Fax: (812)333-5639
Email: info@kidangles.com

Date Received: _____ (Office Use Only)

Application Form and Intake Agreement

Date: _____ Hours of care for your child at KA: _____

I hope my child can begin on: _____

Child's name: _____

First

Middle

Last

Date of Birth: _____ Gender: Male () Female ()

Child's address at starting date of enrollment: _____

MOTHER/Guardian's Name: _____ Age: _____

Mother's Home Address: _____

Mother's Home Phone: _____ Mother's Cell Phone #: _____

Mother's Email: _____

Mother's Occupation: _____ Work Schedule: _____

Mother's Employer: _____

Mother's Business Address: _____

Mother's Work Phone #: _____

FATHER/Guardian's Name: _____ Age: _____

Father's Home Address: _____

(OVER)

Father's Home Phone #: _____ Father's Cell Phone #: _____

Father's Email Address: _____

Father's Occupations: _____ Work Schedule: _____

Father's Employer: _____

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Father's Business Address: _____

Father's Work Phone #: _____

Name of person(s) who has legal custody of child: _____

List names and ages of other children living in the home: _____

Does your child have any allergies (food, medications, etc?) YES NO

If yes, please specify and describe: _____

What type of program was your child previously in? _____

A NONrefundable application fee of \$50 (per child) is required at the time of application

When a spot may come available, Kid Angles will use this information to contact family. Kid Angles will make 3 attempts to contact said family, if NO response is received within 1 week of third notification then Kid Angles will remove application from the waitlist.

An application fee of \$ _____ has been received on ____/____/____

Signature:	Date:
Director:	Date:

For office use only

<u>Contact Attempt</u>	<u>Date</u>	<u>Contact Notes</u>
Attempt # 1		
Attempt # 2		
Attempt # 3		