

Kids Kondo Child Enrollment & Medical Care Form

Enrollment Date	Withdrawal Date	Today's Date
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Child's Name	Gender	Age	Birth Date
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Home Address	Home Telephone
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Father's Name	Home Address / Telephone {only if different from the child}
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Place of Employment	Address	Telephone
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Mother's Name	Home Address / Telephone {only if different from the child}
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Place of Employment	Address	Telephone
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Child's Living Arrangements	Both Parents	Mother	Father	Other
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Child's Legal Guardian(s)	Both Parents	Mother	Father	Other
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Emergency contact in the event a parent cannot be reached

Name	Telephone(s)
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1 _____

2 _____

3 _____

The child may be released to the person(s) signing this agreement or to the following

Name	Address {include city, state & zip code}
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1 _____

2 _____

3 _____

