



The Kangaroo Forest

Early Childhood Center
7303 South Forest Gate
The Woodlands, TX 77382
281-465-4069

Child's Name:

Last

First

Middle

Date of Birth**Home Phone**

Girl

Boy

Enrollment Date:

Child's Address:

Street

City

State

Zip

Parent or Guardian Information:

Mother's Name (First and Last)

Father's Name:

Mother's Address: (If different)

Father's Address: (If different)

Street:

Street:

City, State, Zip:

City, State, Zip:

Mother's Information:

Employer:

Father's Information:

Employer:

Work Address:

Work Address:

Work Phone:

Work Phone:

Cell Phone:

Cell Phone:

Email:

Email:

Emergency Contacts:

Name:

Phone:

Alt. Phone:

Address:

Name:

Phone:

Alt. Phone:

Address:

In addition to child's mother and father, I hereby authorize The Kangaroo Forest to allow my child to leave the child care facility **ONLY** with the following person(s):

Name:

Phone:

DL#:

Name:

Phone:

DL#:

Please list any special needs or problems that your child may have, such as: allergies, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed for long term continuous use and any other information which the staff should be aware of (if none please specify):

Who may we thank for referring you to the Kangaroo Forest?

Signature of Parent or Legal Guardian

Date

