



Kaleidoscope Play and Learn
 Enrollment Form
 Smart Start Rowan
 1329 Jake Alexander Blvd. South,
 Salisbury, NC. 28146
 704-630-9085 ❖ www.rowan-smartstart.org

Location _____ Date _____

Parent Information				
Parent's First Name:		Parent's Last Name:		Middle Initial:
Mailing Address:			Phone:	
City:		State:		Zip:
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Email:	
What primary language is spoken at home? _____				
Parent Type: Mother <input type="checkbox"/>		Father <input type="checkbox"/>		Grandparent <input type="checkbox"/>
				Foster parent <input type="checkbox"/>
Other: Please specify _____				
Children's Information				
Child's First Name:		Child's Last Name:		Middle Initial:
Child's Date of Birth:	Child's Age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Allergies or other special concerns:				
Child's First Name:		Child's Last Name:		Middle Initial:
Child's Date of Birth:	Child's Age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Allergies or other special concerns:				
Child's First Name:		Child's Last Name:		Middle Initial:
Child's Date of Birth:	Child's Age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Allergies or other special concerns:				
Child's First Name:		Child's Last Name:		Middle Initial:
Child's Date of Birth:	Child's Age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Allergies or other special concerns:				

Emergency Information		
Emergency Contact Name:	Work Phone:	Home/Cell Phone:
Emergency Contact Name:	Work Phone:	Home/Cell Phone:
In the event of an emergency who is authorized to pick up your child?		
Name of person authorized:	Phone number:	Relationship to child:

REFERRAL SOURCE

How did you learn about Kaleidoscope Play and Learn? _____

Kaleidoscope Play and Learn Participation Agreement:

- ___ I will make an effort to attend on a regular basis.
- ___ I will sign myself and my child(ren) in upon arrival.
- ___ I will participate & interact with my child to promote learning through play at home & in group.
- ___ I will use handout information and ideas at home as they are relevant to my family.
- ___ I will notify the coordinator in advance whenever I am not able to attend.
- ___ I will not participate if either myself or anyone in my household is sick which includes having a fever of 100 degrees or higher within the last 24 hours.
- ___ I will use positive and appropriate words and actions when correcting my child’s behavior and in my interactions with other parents.
- ___ I will not share personal information outside of the group.

I, (print name) _____, am exercising my own free choice to participate voluntarily with my child(ren) in Kaleidoscope Play and Learn. I will hold harmless Smart Start Rowan, staff and the participating site for any accidents or injuries to persons or property or both, arising from participation.

Signature _____ Date _____

Please help us get to know you and your family by responding to the following questions.

1. Why did you decide to attend Kaleidoscope Play and Learn playgroups?
2. What would you like us to know about your child/children?
3. What are some things that you would like to learn as a parent?
4. What would you like to do or experience during playgroups?