

Ida Kids Center
1920 Lewis Ave.
Ida, MI 48140
Phone: 734-269-2481



Childcare Registration Application

Name of Child: _____ Birthdate: _____

Address: _____

Phone Number: _____ Email: _____

Grade in School: _____

Days Attending Ida Kids Center: M___ T___ W___ Th___ F___

Hours Attending IKC:

Arrival: _____ Departure: _____

Parent/Guardian Information:

Parent Name: _____

Place of Employment: _____ Phone: _____

Parent Name: _____

Place of Employment: _____ Phone: _____

Child Resides with: _____

Child May NOT be released to (Court Paperwork on file): _____

Emergency Contacts & Authorized Pick-Up:

Name	Address	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____

A \$30.00 non-refundable registration fee (or \$50 family registration fee) must be paid when submitting this application.

This form will secure your spot once accepted by IKC administration. The rest of packet is due before attending IKC.