



Enrollment Date: \_\_\_\_\_

**Parent/Guardian Information**

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
[ ] Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
[ ] Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

**Child Information**

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_  
List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Allergies (ingested or in environment): \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Local Hospital Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Photographs: May we take and maintain a photo of your child? [ ] Yes [ ] No  
Preferred PIN number for checking in/out (4 digits, numbers only) \_ \_ \_ \_

**2<sup>nd</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_  
List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Allergies (ingested or in environment): \_\_\_\_\_  
Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Local Hospital Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Photographs: May we take and maintain a photo of your child? [ ] Yes [ ] No  
Preferred PIN number for checking in/out (4 digits, numbers only) \_ \_ \_ \_

**Additional Comments & Information:**

Is there is any other information that that would be helpful to our education staff?

\_\_\_\_\_  
\_\_\_\_\_



**Emergency Contacts & Authorized Pickup Persons:**

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_ \_ \_ \_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_ \_ \_ \_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**Class Registration Options:**

**3 day (MWF)** 8:30-11:30: \_\_\_\_\_ 12:30-3:30: \_\_\_\_\_

**5 day (M-F)** 8:30-11:30: \_\_\_\_\_ 12:30-3:30: \_\_\_\_\_

**2 day (T/TH)** 8:30-11:30: \_\_\_\_\_ 12:30-3:30: \_\_\_\_\_

**Before/After Class Care Options (additional fees apply):**

**Before Class Care** 8:15-8:30 \_\_\_\_\_ 12:15-12:30: \_\_\_\_\_

**After Class Care** 11:30-11:45 \_\_\_\_\_ 3:30-3:45: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_ due Monthly on the \_\_\_\_\_ 1<sup>st</sup> of each month.

**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Academy Day School Educator/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Academics. Advance. Achieve...**

For Office Use Only:

Date of Registration: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

The Academy Class Assignment: \_\_\_\_\_