



Enrollment Application

Start Date:	_____
Class Enrolled:	_____
4 Digit Door Code:	_____

Boy Girl

Child's Name: _____ Date of Birth: _____ (Circle) _____ Date of Enrollment _____

Child's Address, City, State and Zip Code _____

Parent or Guardian Information

Parent or Guardian _____	Home Phone _____	Other Parent or Guardian _____	Home Phone _____
Address (if different) _____	Cell Phone _____	Address (if different) _____	Cell Phone _____
City, State and Zip Code _____	Driver's License # _____	City, State and Zip Code _____	Driver's License # _____
Employer _____	Work Phone _____	Employer _____	Work Phone _____
Email Address _____		Email Address _____	

Emergency Contact and Authorization to Pick Up (Other than Parent)

I authorize Premier Academy to contact in the event of an emergency and release my child to the following person(s):

Primary Emergency Contact _____	Relationship _____	Secondary Emergency Contact _____	Relationship _____
Cell Phone Number _____	Alt. Number _____	Cell Phone Number _____	Alt. Number _____
Address, City, State and Zip Code _____		Address, City, State and Zip Code _____	

Alternate Authorized Pick-Ups (Other than Parent and Emergency Contacts)

I authorize Premier Academy to release my child to the following person(s):

Name _____	Relationship _____	Name _____	Relationship _____
Cell Phone Number _____	Alt. Number _____	Cell Phone Number _____	Alt. Number _____
Address, City, State and Zip Code _____		Address, City, State and Zip Code _____	

Attendance

My child will attend Premier Academy () School Day (up to 6 hours) () Extended Day (over 6 hours)

My child will attend the following days: () Monday () Tuesday () Wednesday () Thursday () Friday

Arrival Time _____ Departure Time _____ Start Date _____

Medical Information

Name of Child's Physician or Health Clinic

Address

Phone Number

Hospital Preferred for Emergency Treatment (optional)

Allergies/Special Needs and Special Instructions (Please indicate "none" if none exist)

Medications Taken Regularly

In the event of an emergency, I authorize Premier Academy to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Parent or Legal Guardian Signature

Date

Additional Authorization

Authorization for Transportation: I hereby () give () do not give consent for my child to be transported and supervised by Premier Academy's staff on field trips and/or to and from school.

Authorization for Water Activities: I hereby () give () do not give consent for my child to participate in the following water activities: () sprinklers () splashing/wading pools () swimming pools () water table play

Authorization for Internet/Social Media and Photo Usage:

() Limited usage: I agree to my child's image used within the Premier Academy setting only (not in the larger community)

() Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used without further notifying me. I do understand that the child's last name will NOT be used in conjunction with any video or digital images.

Required Documents

*I understand the following documents must be presented at the time my child is admitted to the child-care center:

- A signed and complete enrollment application for each child enrolling.
- A copy of your child's most current immunizations or appropriate waiver completed by your local health department.
- A health appraisal/physical form.

School Age Children

My school age child attends school at:

Name of School and Address

School Phone Number

My child's health appraisal and immunization records, or appropriate waiver are on file and current at the above named school.

I acknowledge that my child is in good health and assume responsibility for my child's state of health while at the center. _____
(Please initial)

Handbook and Account Agreement

I understand that Tuition Express will be used to auto draft my child's tuition on the 1st of each month. I have current account information on file, and understand it is my responsibility to notify the school of any changes to these accounts. I understand my contractual obligation for all tuition costs in connection with my child's enrollment.

I have received a copy of Premier Academy's Parent Handbook and agree to abide by the policies and procedures within.

Parent or Legal Guardian's Signature

Date