



# Enrollment Application

\_\_\_\_\_ **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	Cell Phone	Other Parent or Guardian	Cell Phone
_____	_____	_____	_____
Address (If different)		Address (if different)	
_____	_____	_____	_____
City, State and Zip Code		City, State and Zip Code	
_____	_____	_____	_____
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 1<sup>st</sup> 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