



# 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:** I hereby ( ) give ( ) do not give 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 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