Anointed Angels Academy Inc. Registration Forms Intake Date: _____
Discharge Date: _____

Child Information

First Name: _____ M.I._____ Last Name: _____
Address: _____
Gender: [ ] Male [ ] Female Date of Birth: _____/_____/_____
Food/Medical Restrictions: _____
About your child: _____
Does your child take any kind of medication on a regular basis? [ ] Yes [ ] No Why? _____
Does your child have any known allergies? [ ] Yes [ ] No
Take allergy medication? [ ] Yes [ ] No Please list all allergies: _____
Does your child need an inhaler? [ ] Yes [ ] No
Does your child wear glasses? [ ] Yes [ ] No
Does your child have any physical or mental disabilities? [ ] Yes [ ] No Please explain: _____
Is your child toilet trained [ ] Yes [ ] No

Pediatrician's Name: _____ Phone: ( ) _____

Address: _____ City: _____ State: _____

The following items MUST be on file for your child:

Birth Certificate _____ Up-To-Date Physical (On DHS Form) _____ TB Results _____

Parent Information

Mother/Guardian

First Name: _____ M.I._____ Last Name: _____

Home Address: _____ City: _____ State: _____

Phone: ( ) _____ Alt. # ( ) _____

Email Address: _____

Work Information: Name: _____Job: _____
Address: _____ City: _____ State: _____

Phone: ( ) _____ Ext: _____ Hours: _____

Father/Guardian

First Name: _____ M.I._____ Last Name: _____

Home Address: _____ City: _____ State: _____

Phone: ( ) _____ Alt. # ( ) _____

Email Address: _____

Work Information: Name: _____Job: _____
Address: _____ City: _____ State: _____

Phone: ( ) _____ Ext: _____ Hours: _____

Enrollment Information

Your Child's Schedule: Monday Tuesday Wednesday Thursday Friday [ ] Full Time [ ] Part Time

Hours of care needed: _____

Tuition

Subsidy Clients (Illinois Action for Children) **If you are paying cash please skip this section*

Subsidy Approval Dates: _____through _____ Monthly Copayment: $_____

Your child is approved for: Full Time _____ Part Time _____

Your weekly tuition based off your subsidy approval: $_____ ***Due every Monday to avoid the late fee***

Cash Client

Your child's weekly tuition: $_____ ***Please note this is due every Monday***

Fees: Registration Fee (*includes cot sheet fee*): $ 100 per child Hearing & Vision fee $ 10.00 per child

Additional Fees: **Late Payment Fee: $ 35.00** **Late Pick Up Fee: $ 5.00 per min.** **NSF Fee: $35.00**

****I understand all of the fees that I am responsible for while my child is enrolled into AAA. By signing below I am making myself the person responsible for my child's tuition and fees.***

Parent Signature _____ Date: _____

Emergency Contact Information

(1) First Name: _____ Last Name: _____ Relationship to child: _____
Address: _____ Phone: _____

(2) First Name: _____ Last Name: _____ Relationship to child: _____
Address: _____ Phone: _____

(3) First Name: _____ Last Name: _____ Relationship to child: _____
Address: _____ Phone: _____

(4) First Name: _____ Last Name: _____ Relationship to child:_____
Address:_____ Phone: _____

Authorized Pick Up:

(1) First Name: _____ Last Name: _____ Relationship to child: _____
Address: _____ Phone: _____

(2) First Name: _____ Last Name: _____ Relationship to child: _____
Address: _____ Phone: _____

(3) First Name: _____ Last Name: _____ Relationship to child: _____
Address: _____ Phone: _____

Additional Authorized Pick Up (In case of emergency)

1. Name: _____ Relationship to child:_____
2. Name: _____ Relationship to child:_____
3. Name: _____Relationship to child: _____
4. Name: _____Relationship to child: _____

I, _____ authorize the individuals listed above to pick my child up from Anointed Angels Academy when I am unable to. I am aware they must present a valid id above arrival in order to enter the building and pick my child up. I understand that Anointed Angels Academy has to right to refuse to release a child to anyone who is not listed or does not provide proper identification.
Parent Signature & Date: _____

Parent Consents

Consent to Emergency Medical Care:

I/We authorize Anointed Angels Academy Inc. to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.
Parent's Signature _____ Date: _____

I understand that Anointed Angels Academy will NOT administer over the counter medications to my child.
Parent's Signature: _____ Date: _____

I give Anointed Angels Academy Inc permission to administer topical ointment to my child when necessary to my child.
Parent's Signature: _____ Date: _____

Consent to Trips, Excursions, and Public Park Facilities:

I/We authorize Anointed Angels Academy Inc. to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we understand all such trips are under the supervision of a Aointed Angels Academy staff and that health and safety precautions are taken in compliance with Illinois standards for licensure.
Parent's Signature: _____ Date: _____

Complete each of the following sections by INITIALING or CHECKING either yes or no:

My child may be photographed at the child care center _____ YES _____NO
My child's picture may be used in media, i.e Facebook, newspaper etc. _____ YES _____NO
My child can participate in holiday celebration _____ YES _____NO
My child can participate in daily prayer _____ YES _____ NO
I understand my child may be required to wear a face mask _____ YES _____NO

Parent's Signature: _____ Date: _____