



Praise Academy  
16991 Hwy 87  
Boonville, MO 65233 660-882-6996

## Enrollment Form

Non-refundable deposit\*\* \$600.00  
Annual Enrollment Fee \$50

**\*\*The non-refundable deposit will be credited towards your initial tuition payment.**

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

Child's Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name/Home Address/Telephone (if different from child's):

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

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fathers Name/Home Address/Telephone Number (if different from child's):

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

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Child's Living Arrangements: ☐ Both Parents ☐ Mother ☐ Father ☐ Other

Child's Legal Guardian(s): ☐ Both Parents ☐ Mother ☐ Father ☐ Other

Other Household Members (siblings, etc.):

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

Your Child can be released to the following people:

Name	Phone Number	Relationship
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_____	_____	_____
_____	_____	_____

_____	_____	_____
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Emergency Contact Person (if parent cannot be reached):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Name of Person Insured: \_\_\_\_\_

Childs Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any special dietary needs for child:

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List child's allergies:

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List current medications:

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List toilet habits (potty trained, no diapers)

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What does your child call a Bowel Movement: \_\_\_\_\_

What does your child call urination: \_\_\_\_\_

I have received a copy and agree to abide by the policies and procedures for Praise Academy. If for any reason I wish to remove my child from Praise Academy, I will provide written notice at least 14 days in advance or I will forfeit any funds owed to me through the prepayment process.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Office Use only:

Date App Rec'd \_\_\_\_\_ Date Fee Rec'd \_\_\_\_\_ Date Parent Info Confirmed \_\_\_\_\_ Date Enrollment Finalized \_\_\_\_\_