



ACADEMICS R' US, INC.

ENROLLMENT FORM

Entrance Date _____ Withdrawal Date _____

PROGRAM TYPE:

Child's Name _____ Sex _____

Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) _____

City _____ State _____ Zip _____

Father's email _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____

City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) _____

City _____ State _____ Zip _____

Mother's email _____

Mother's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other

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

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____

City _____ State _____ Zip _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____

City _____ State _____ Zip _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any)

*Name _____ Address _____

City _____ State _____ Zip _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any)

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public/Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs:

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns:

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of Academics R' Us, Inc. and the facility is unable to contact me (us) immediately, Academics R Us, Inc. shall be authorized to secure such medical attention and care for the child as may be necessary. We, the parents, shall assume responsibility for payment for services.

Parent/Guardian: _____

Signature _____ Date: _____

Michele Trice/Director

Facility Administrator/Person-In-Charge _____

Signature _____ Date: _____

PARENTAL AGREEMENTS WITH CHILD CARE FACILITY

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, etc., which include my child.

I authorize the childcare facility to obtain emergency medical care for my child when I am not available. I have received a copy and agree to abide by the policies and procedures for Academics R' Us, Inc.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs.

Signed: _____ Date: _____

(Parent/Guardian)

Signed: _____ Date: _____ (Facility

Administrator/Person-In-Charge)