

**GUAM LEADERSHIP ACADEMY
ENROLLMENT FORM**

STUDENT INFORMATION

Enrollment Date: _____

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

Preferred Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Nationality: _____

Primary Language: _____ Secondary Language: _____

Child resides with: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian

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

Physical Address: _____ Village: _____ Zip code: _____

Mailing Address: _____ Village: _____ Zip code: _____

Occupation: _____ Home Phone: (____) _____

Employed By: _____ Cell Phone: (____) _____

Work Address: _____ Work Phone: (____) _____

Email Address: _____

Parent/Guardian

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

Physical Address: _____ Village: _____ Zip code: _____

Mailing Address: _____ Village: _____ Zip code: _____

Occupation: _____ Home Phone: (____) _____

Employed By: _____ Cell Phone: (____) _____

Work Address: _____ Work Phone: (____) _____

Email Address: _____

Alternative Contact

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

Physical Address: _____ Village: _____ Zip code: _____

Mailing Address: _____ Village: _____ Zip code: _____

Occupation: _____ Home Phone: (____) _____

Employed By: _____ Cell Phone: (____) _____

Work Address: _____ Work Phone: (____) _____

Email Address: _____

PHYSICIAN OR MEDICAL FACILITY

Physician Name: _____

Clinic: _____ Telephone Number(s): _____

Insurance Company: _____ Policy Holder: _____

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AUTHORIZATION

Initial beside YES or NO

I hereby give my consent for emergency medical care or treatment to be used if parent/ guardian cannot be contacted immediately.

YES _____ NO _____

I give permission for my child's photograph to be used within school activity and display purposes.

YES _____ NO _____

I give permission for my child's photograph to be used on the program social media websites (i.e. facebook, whatsapp, etc.)

YES _____ NO _____

ACKNOWLEDGMENT

Use of this form is mandatory for Child Care Centers to comply with The Bureau of Public Health and Social Services.

Identifiable information on this form will be used to verify compliance with government regulations and for Guam Leadership Academy records. The parent/guardian must complete this form with true information and update the information whenever a change occurs.

I/We will notify the director or assistant director at Guam Leadership Academy immediately if there is any change to the custodial status of this child:

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

Print Parent/Guardian Name

Signature

Date

Print Parent/Guardian Name

Signature

Date

DOCUMENTS

The following documents are required prior to attending the program:

_____ **ENROLLMENT FORM – COMPLETE**

_____ **CHILD'S BIRTH CERTIFICATE**

_____ **SHOT RECORD – MUST BE CURRENT AND HAVE ANNUAL PPD READING**

_____ **PHYSICAL FORM – MUST BE COMPLETED ANNUALLY AND SIGNED BY A LICENSED MEDICAL PRATITIONER**

_____ **EMERGENCY INFORMATION AND CONSENT FORM – MUST NOTIFY IF CONTACT INFORMATION CHANGES**

_____ **ABOUT YOUR CHILD FORM**

Director, Assistant Director, or Lead Provider

Signature

Date