

# THE WEEKEND ACADEMY

48-hour Childcare Learning Centre

## Enrollment Form



Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nickname: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent (Guardian): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Adults authorized to pick up child: \_\_\_\_\_

Insurance Information: \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_ If so, please explain \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ gives the staff of The Weekend Academy permission to give \_\_\_\_\_ the above listed medication as prescribed.

The information provided above is true and accurate for enrollment into the learning centre. I have read the facility safety & procedural standards. I understand this information is to be updated annually.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1726 State Street (Olive St)

New Albany, IN 47151

Phone: (812) 590-3702

[www.theweekendacademy.org](http://www.theweekendacademy.org)