

APPLICATION FOR ENROLLMENT



STUDENT INFORMATION

Full Name: _____
Last First Middle Nickname

Date of Birth: _____ **Sex:** _____ **Date of Enrollment:** _____

Child's Physical Address: _____

Full Time Program 3 Day Program (M/W/F) 2 Day Program (T/TH)

FAMILY INFORMATION

Child Lives With Mother Father Both Other _____

	Mother	Father
Name		
Home Address		
Home Phone		
Employer		
Employer Address		
Work Phone		
Cell Phone		
Cell Phone Network Carrier		
Email Address		
Legal Custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Other Legal Custody		

EMERGENCY CONTACTS

The child will be released only to the custodial parent or legal guardian and the persons listed below (picture id required). The following listed as EMERGENCY CONTACTS will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency if, for some reason, the custodial parent or legal guardian cannot be reached.

Name: _____	Cell Phone: _____	<u>Emergency Contact</u>
Address: _____	Work Phone: _____	<input type="checkbox"/> Yes
City/State: _____ Zip Code: _____	Relationship: _____	<input type="checkbox"/> No
Name: _____	Cell Phone: _____	<u>Emergency Contact</u>
Address: _____	Work Phone: _____	<input type="checkbox"/> Yes
City/State: _____ Zip Code: _____	Relationship: _____	<input type="checkbox"/> No
Name: _____	Cell Phone: _____	<u>Emergency Contact</u>
Address: _____	Work Phone: _____	<input type="checkbox"/> Yes
City/State: _____ Zip Code: _____	Relationship: _____	<input type="checkbox"/> No
Name: _____	Cell Phone: _____	<u>Emergency Contact</u>
Address: _____	Work Phone: _____	<input type="checkbox"/> Yes
City/State: _____ Zip Code: _____	Relationship: _____	<input type="checkbox"/> No

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MEDICAL INFORMATION

I hereby grant permission for the staff of Magnolia Kids Academy to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: Address: Phone:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

Please list any allergies (food, medications, insects, etc.) or special dietary needs:

Please list any special medical conditions or other areas of concern:

Please list any special procedures required in caring for your child:

Emergency Care Plan Instructions (If Applicable):

HELPFUL INFORMATION ABOUT YOUR CHILD:

PHOTOS, VIDEOS & INTERNET IMAGES

◆ I give my permission to display photos and videos of my child(ren) via the Magnolia Kids Academy Internet video camera system. I also agree that Little Flower Academy may use photos and videos of my child(ren) for in-print, online, and other lawful advertising and marketing purposes.

YOUR SIGNATURE: _____

MY SIGNATURE BELOW INDICATES THAT:

- ◆ THE INFORMATION ON THIS ENROLLMENT FORM IS COMPLETE AND ACCURATE.
- ◆ I AM AWARE THAT DCF REGULATIONS REQUIRE A CURRENT PHYSICAL EXAMINATION (FORM 3040) AND IMMUNIZATION RECORD (FORM 680 OR 681) WITHIN 30 DAYS OF ENROLLMENT (REFERENCE: SECTIONS 7.1 AND 7.2 OF THE DCF CHILD CARE FACILITY HANDBOOK). (NOTE: NOT REQUIRED FOR SCHOOL-AGE CHILDREN.)
- ◆ I HAVE RECEIVED A COPY OF DCF'S CHILD CARE FACILITY BROCHURE, "KNOW YOUR CHILD CARE FACILITY" (CF/PI 175-24) (REFERENCE: SECTION 7.3 OF THE DCF CHILD CARE FACILITY HANDBOOK).
- ◆ I HAVE RECEIVED A COPY OF THE FOOD & NUTRITION POLICIES (REFERENCE: SECTIONS 2.8 AND 7.3 OF THE DCF CHILD CARE FACILITY HANDBOOK).
- ◆ I HAVE RECEIVED A COPY OF THE LITTLE FLOWER ACADEMY PARENT'S HANDBOOK. THIS HANDBOOK INCLUDES LITTLE FLOWER ACADEMY'S DISCIPLINE & EXPULSION POLICIES.
- ◆ I HEREBY GRANT PERMISSION FOR LITTLE FLOWER ACADEMY'S STAFF TO HAVE ACCESS TO MY CHILD'S RECORDS.
- ◆ SOME CHILDREN IN CARE MIGHT NOT HAVE CURRENT IMMUNIZATIONS.
- ◆ I AGREE TO ABIDE BY THE TERMS IN THE LITTLE FLOWER ACADEMY PARENT'S HANDBOOK AND THAT I AM RESPONSIBLE FOR THE PAYMENT OF TUITION AND OTHER FEES AS EXPLAINED ON THE LITTLE FLOWER ACADEMY PRICE SCHEDULE.

SIGNATURE OF PARENT/GUARDIAN

NAME OF PARENT/GUARDIAN

DATE