



CHILD ENROLLMENT FORM

Child's Name	Date of Birth	Date of ETR
Home Address		City
State	Zip Code	Home Phone #
Parent/Guardian #1		Relationship to Child
Parent Address (if different form child's)		City
State	Zip Code	Cell Phone #
Parent #1 Email	Parent Work/School Name	Parent Work/school Phone
Parent/Guardian #2		Relationship to Child
Parent Address (if different form child's)		City
State	Zip Code	Cell Phone #
Parent #2 Email	Parent Work/School Name	Parent Work/school Phone

EMERGENCY CONTACTS: Please list at least one person that is authorized to pick up your child any time or who can be contacted in case of an emergency if you cannot be reached. This person will be able to take responsibility of your child and be at least 18 years of age.

Name		Name	
Phone #	Alt. Phone #	Phone #	Alt. Phone #
Relationship to Child	City	Relationship to Child	City
Name of Physician/Hospital		Phone #	

ALLERGIES, SPECIAL HEALTH OR MEDICAL CONDITION AND MEDICAL FOODS
Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring school staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, a Child Medical Care Plan and/or a Medication form must be completed and kept on file.

Does your child have any food, medication or environmental allergies (check all that apply)

- ☐ No
- ☐ Yes-check all that apply

_____Food _____Medication. _____Environmental Please list and explain:

Does your child's allergy require school staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (check one)

- ☐ No
- ☐ Yes, a Medical Care Plan/Medication Form must be completed

Does your child have a developmental delay or special health or medical condition? (check one)

- ☐ No
- ☐ Yes, please explain

Does the special health or medical condition require school staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during school hours? (check one)

- ☐ No
- ☐ Yes-a Medical Care Plan/Medication Form must be completed

Is your child currently using any medication or medical food (check one)

- ☐ No
- ☐ Yes-please explain

If yes, does this medication or medical food need to be administered at school?

- ☐ No
- ☐ Yes-a Medication Form must be completed and kept on file for each medication and a Medical Care Plan must be completed for the medical food

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one)

- ☐ No
- ☐ Yes-please explain

Spectrum Academy does not provide meals to students. All meals and snacks are provided by parents. However, there are occasions, such as school parties, when snacks or treats may be available. Please let us know about any dietary restrictions so that we can monitor your child during these instances.

List any history of hospitalization, outpatient surgery or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as fears, or ways that your child prefers to be comforted.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs

☐ Not applicable

Diapering Statement

Is your child toile trained?

☐ Yes (skip to Emergency Transportation section)

☐ No (if no, fill out the following)

Spectrum Academy's policy is to check diapers every 2 hours or when necessary. Please indicate if you want your child's diaper checked according to our program policy or another:

☐ I agree with the program's schedule

☐ I do not agree, please check my child's diaper every _____ hours

EMERGENCY TRANSPORTATION	
Spectrum Academy LLC. HAS PERMISSION to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.	
Parent's Signature	Date
<p style="text-align: center;">Acknowledgement of Policies and Procedures</p> <p>I have reviewed and received a copy of the parent handbook (check one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator prior to the child beginning classes.	
Parent/guardian Signature	Date
Administrator Signature	Date