



## XCELLENCE ACADEMY CHILD REGISTRATION FORM

**Address:** 312 W. Presley Blvd, McComb, MS 39648

### CHILD INFORMATION

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Primary Language: \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

Mother/Guardian Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

### EMERGENCY CONTACTS (Must list two not living in home)

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_  
  
2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

### AUTHORIZED PICK-UP PERSONS

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

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

Chronic Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

**IMMUNIZATION RECORD** Form 121 Attached (Required by Mississippi Law)**DAILY CARE INFORMATION**

Does your child have any special needs? \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Nap Schedule: \_\_\_\_\_

Comfort Items: \_\_\_\_\_

Behavioral Concerns: \_\_\_\_\_

**ADMISSION AGREEMENTS**

- I understand tuition is due weekly.
- I understand late pickup fees apply after closing time.
- I authorize emergency medical treatment if needed.
- I have received the Parent Handbook & Policies.

**MEDIA RELEASE**

- Yes
- No — I give permission for my child's photo/video to be used for school purposes.

**SIGNATURES**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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