



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: _____